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1 9:45AM

RETURN:

Department of Social and Health Services Medical Assistance Administration Casualty Unit P.O. Box 45561 Olympia, WA 98504-5561

Fax: (360) 753-3077 1-800-894-3754 Ext: 51208

RELEASE OF LIEN

Recording Number: 200612270106

Dated: 12/27/2006

Grantee/Creditor: KRISTINA GALLAGHER; ALLIED INSURANCE; Claim #988106259

Grantor/Debtor: DSHS and MARIA S GONZALEZ

Date of Injury: 10/17/2006

Notice is hereby given that the State of Washington, Department of Social and Health Services, does hereby release the lien filled with the County Auditor of Skagit County, Washington on or about 12/27/2006, bearing recording number 200612270106.

STATE OF WASHINGTON)

)ss.

COUNTY OF THURSTON)

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Louise Brantley, Medical Assistance Specialist

I, Cindy Brown, Notary Public in and for the State of Washington, do hereby certify that on this 11th day of February 2008, personally appeared before me Louise Brantley, to me known to be the individual who executed the above instrument and acknowledged that he/she signed the same as that he/she authorized to execute this Release of Lien on behalf of the Department of Social and Health Services.

Given under my hand and official seal this 11th day of February, 2008.

NOTARY/PUBLIC IN and for the State of Washington

My appointment expires July 8, 2009