

### STATEMENT OF LIEN

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered assistance to Tiffany M. Blouin, a person who was injured on or about the 31st day of December, 1985, in the County of Skamania, State of Washington, and the said Department hereby asserts a lien, to the extent provided in RCW 74.09.180, for the amount of such assistance, upon any sum due and owing Tiffany M. Blouin, from Sam Tanksley Trucking Co., alleged to have caused the injury, and/or his insurer and from any other person or insurer liable for the injury or obligated to compensate the injured person on account of such injuries by contract or otherwise.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Gaye L. McQueen  
Gaye L. McQueen, Medical Claims Examiner

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF THURSTON )

I, Gaye L. McQueen, being first duly sworn on oath, state: That I am Medical Claims Examiner; that I have read the foregoing Statement of Lien, know the contents thereof, and believe the same to be true.

Caye L. McQueen  
Caye L. McQueen, Medical Claims Examiner

SUBSCRIBED AND SWORN TO before me this 13th day of August, 1986.

NOTARY PUBLIC IN and for the State of  
Washington, Residing at Olympia,

**RETURN TO:**  
**Department of Social and Health Services**  
**Division of Medical Assistance**  
**Medical Recovery Unit MS HA-11**  
**P.O. Box 9256 Olympia, Washington 98504**  
**Phone: 206/753-3300**

DSHS 9-22 (Rev. 9/84)

FILED FOR RECORD  
SEAMANIA CO. WASH.

Aug 21, 11 45 AM '86

AUDITOR  
GARY M. OLSON

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