

Doc # 2005157605
Page 1 of 1
Date: 06/10/2005 04:44P
Filed by: DSHS, MEDICAL ASSIST ADMIN
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$19.00

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

THIS LIEN DOES NOT AFFECT REAL PROPERTY

STATEMENT OF LIEN

Grantor/Debtor: Patrick Radcliffe, Werner Enterprises and Clover & Associates (claim# 1442)
Grantee/Creditor: DSHS and Shawn W. Ferguson
Date of Injury: 02/16/04

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered assistance or provided residential care to Shawn W. Ferguson, a person who was injured on or about the 16th day of February, 2004, in the County of Skamania, State of Washington, and the said Department hereby asserts a lien, to the extent provided in RCW 43.20B.060, for the amount of such assistance or residential care, upon any sum due and owing Shawn W. Ferguson, from Patrick Radcliffe, Werner Enterprises and Clover & Associates (claim# 1442), alleged to have caused the injury, and/or his or her 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

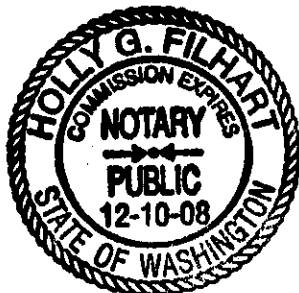

Kevin R. Cavanaugh, Medical Assistance Specialist

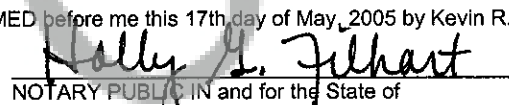
STATE OF WASHINGTON)
)ss.
COUNTY OF THURSTON)

I, Kevin R. Cavanaugh, being first duly sworn on oath, state: That I am Medical Assistance Specialist; that I have read the foregoing Statement of Lien, know the contents thereof, and believe the same to be true.


Kevin R. Cavanaugh, Medical Assistance Specialist

SIGNED AND SWORN TO OR AFFIRMED before me this 17th day of May, 2005 by Kevin R. Cavanaugh.




NOTARY PUBLIC IN and for the State of
Washington.
My appointment expires December 10, 2008.

1-800-894-3754 Ext: 5-1165
Fax: (360) 753-3077
DSHS 9-22 (Rev. 4/93)