

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: 51209

THIS LIEN DOES NOT AFFECT REAL PROPERTY

STATEMENT OF LIEN

Grantor/Debtor: FARMERS INSURANCE; Policy #165650169  
Grantee/Creditor: DSHS and TYAUNA M MARTINEZ  
Date of Injury: 04/08/2007

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered assistance or provided residential care to TYAUNA M MARTINEZ, a person who was injured on or about the 8th day of April, 2007, 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 TYAUNA M MARTINEZ from FARMERS INSURANCE; Policy #165650169, 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.

STATE OF WASHINGTON)  
)ss.  
COUNTY OF THURSTON)

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

*(Sandra Elder)*  
Sandra Elder, Medical Assistance Specialist

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

*Sandra Elder*  
Sandra Elder, Medical Assistance Specialist

SIGNED AND SWORN TO OR AFFIRMED before me this 30th day of August, 2007 by Sandra Elder.

*Kathryn E. Fertuna*  
NOTARY PUBLIC IN and for the State of Washington  
My appointment expires January 22, 2008

