AFN #2008170686 Recorded 08/06/08 at 11:24 AM DocType: LIEN Filed by: DEPT OF SOCIAL & HEALTH SVCS Page: 1 of 1 Auditor J. Michael Garvison Skamania County, WA

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: 51201

THIS LIEN DOES NOT AFFECT REAL PROPERTY

STATEMENT OF LIEN

Grantor/Debtor: SAFECO INSURANCE; Policy #P5443969; Claim #649894223015

Grantee/Creditor: DSHS and DENNIS BLOUIN

Date of Injury: 10/24/2006

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered assistance or provided residential care to DENNIS BLOUIN, a person who was injured on or about the 24th day of October, 2006, 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 DENNIS BLOUIN from SAFECO INSURANCE; Policy #P5443969; Claim #649894223015, 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)

ìss.

COUNTY OF THURSTON)

DEPAREMENT OF SOCIAL AND HEALTH SERVICES

Jouise Brantley, Medical Assistance Specialist,

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

Louise Brantley, Medical Assistance Specialist

SIGNED AND SWORN TO OR AFFIRMED before me this 30th day of July, 2008 by Louise Brantley.

NOTARY PUBLIC IN and for the State of Washington My appointment expires January 22, 2012