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

STATEMENT OF LIEN

THIS LIEN DOES NOT AFFECT REAL PROPERTY

Grantor/Debtor: SHELLEY HAYES; FARMERS INSURANCE; Claim #1011728279-1-3 Grantee/Creditor: DSHS and SHELLEY Y HAYES

Date of Injury: 03/12/2008

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered assistance or provided residential care to SHELLEY Y HAYES, a person who was injured on or about the 12th day of March, 2008, 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 SHELLEY Y HAYES from SHELLEY HAYES; FARMERS INSURANCE; Claim #1011728279-1-3, 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)

COUNTY OF THURSTON)

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Steve White, Medical Assistance Specialist

I, Steve White, 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:

Steve White, Medical Assistance Specialist

SIGNED AND SWORN TO OR AFFIRMED before me this 31st day of October, 2008 by Steve White.

NOTARY PUBLIC IN and for the State of Washington My appointment expires July 8, 2009