AFN #2012181473 Recorded 09/10/2012 at 02:41 PM DocType: LIEN Filed by: DEPT OF SOCIAL & HEALTH SVCS Page: 1 of 1 Auditor Timothy O. Todd Skamania County, WA

> RETURN: Health Care Authority Casualty Unit P.O. Box 45561 Olympia, WA 98504-5561

STATEMENT OF LIEN

THIS LIEN DOES NOT AFFECT REAL PROPERTY

Grantor/Debtor: KEVIN RUSSELL; USAA CASUALTY INSURANCE; Claim #017064424-1; FARMERS INSURANCE; Claim #1018760834-1-1

Grantee/Creditor: HCA and AMY L NIELSON

Date of Injury: 05/25/2011

Notice is hereby given that the State of Washington, Health Care Authority, has provided and may still be providing assistance or residential care to AMY L NIELSON, a person who was injured on or about the 25th day of May, 2011, in the County of Skamania, State of Washington, and the said department hereby asserts a lien, to the extent provided in RCW 43.208.060 and WAC 388-501-0100, for the amount of such assistance or residential care, upon any sum for medical expenses due, owing, or paid to AMY NIELSON from KEVIN RUSSELL; USAA CASUALTY INSURANCE; Claim #017064424-1; FARMERS INSURANCE; Claim #1018760834-1-1, 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)

Health Care Authority

Theresa Shriner, Medical Assistance Specialist

I, Theresa Shriner, 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.

Theresa Shriner, Medical Assistance Specialist

NOTARY PUBLIC IN and for the State of Washington

AND SWORN TO OR AFFIRMED before me this 22nd day of August, 2012 by Theresa Shriner.

My appointment expires July 8, 2013