

103616

BOOK 106 PAGE 279

Name CUMMINS, Elizabeth S.

NOTICE AND STATEMENT OF LIEN

Case Number 30-C/F-008682-0

NOTICE IS HEREBY GIVEN:

THAT THERE IS a debt due and owing the State of Washington by CUMMINS, Elizabeth S.

and the State of Washington claims the right to file this lien in accordance with the provisions of RCW 74.04.300.

THAT THERE IS now due and remaining unpaid thereon, after deducting all just credits and offsets, the sum of \$ 2,777.00, plus the maximum interest thereon allowable by law, in which amount the Department of Social and Health Services, State of Washington claims a lien upon **ANY AND ALL OF THE REAL AND PERSONAL PROPERTY** of the above named debtor situated in Skamania County, Washington.

FILED FOR RECORD
SKAMANIA WASH
BY D.S.H.S.
AUG 3 2 14 PM '87
GARY H. OLSON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES


JOAQUIN RAMOS

Financial Recovery Enforcement Officer II

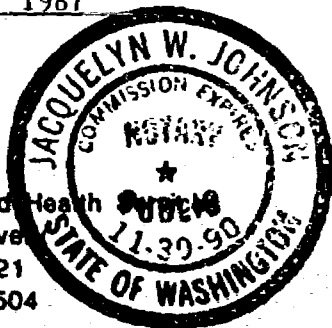
State of Washington

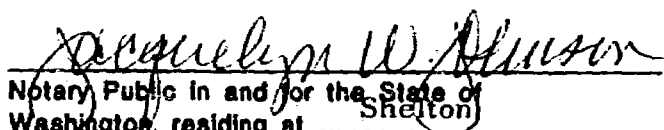
County of Thurston

ss.

I certify that I know or have satisfactory evidence that Joaquin Ramos signed this instrument, in oath stated that (he/she) was authorized to execute the instrument and acknowledged it as an officer of the Department of Social and Health Services to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated: July 30, 1987




Notary Public in and for the State of Washington, residing at Shelton

My appointment expires 11/30/90

RETURN TO:

Department of Social and Health Services
Office of Financial Recovery
P.O. Box 9501, MS OB-21
Olympia, Washington 98504
Phone: (206) 753-1325

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