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AMENDMENT TO NOTICE AND STATEMENT OF LIEN Name SMITH. John M. Case Number 30-C/F-009100-0

ment of Social and Health Services, under date Skamania County in Volume	of at page,
bearing recording number 102949	, as follows:
This lien is hereby amended to INCL	UDE the following described property:
of Plats, Page 16, under Skamania Co	orth Bonneville, recorded in Book "B" ounty file no. 83466, also recorded in kamania County file no. 84429, records
FILED FOR RECORD	
N OSHS	
AUDITOR W. Day	DEPARTMENT OF SOCIAL AND HEALTH SERVICES
CARY M. OLSON	port of the second
0	JOAQUEN RAMOS Financial Recovery Enforcement Officer II
State of Washington ss. County of Thurston	~ (C) /
I certify that I know or have satisfactory evid	dence that Joaquin Ramos
signed this instrument, in oath stated that (he/s	she) was authorized to execute the instrument and acknowl- cial and Health Services to be the free and voluntary act of
such party for the uses and purposes mention	ned in the instrument.
Dated: July 29, 1987	Sequelyn W. Xemson
JELISION CO.	Notary Public in and for the State of Washington, residing at Shelton
S & HOTARY ?	Washington, residing at <u>Shelton</u> My appointment expires
RETURN TO:	
Department of Social and Park Services	/ / T

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P.O. Box 9501, MS OB-21 Olympia, Washington 98504 Phone: (206) 753-1325