

104648

BOOK 108 PAGE 331

Name ADAMS, Hazel B.

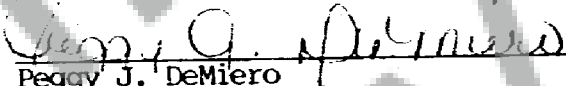
NOTICE AND STATEMENT OF LIEN

Case Number 75-A-000116-0

NOTICE IS HEREBY GIVEN that the State of Washington, Department of Social and Health Services, hereby asserts a lien, for the amount of medical assistance paid on behalf of Hazel B. Adams, a deceased person who was over sixty-five years of age when such assistance was paid. The said department asserts this lien under the authority of Chapter 283, Section 13, Laws of 1987, against the estate of the above-named deceased person, and in particular against the following described real property located in Skamania County, Washington:

East 1/2 of the following tract of land: All of Lot 7 and that portion of Lot 6 lying Northerly of the county road extending in an Easterly and Westerly direction across said Lot 6 of the Ignac Wachter Subdivision of part of the West 1/2 of the Northwest 1/4 of Section 36, Township 3 North, Range-7 EWM, as shown by the plat of said subdivision now on file in the office of the Auditor for Skamania County, Washington; aka: MPO 33R Maple Way, Stevenson, WA 98648.

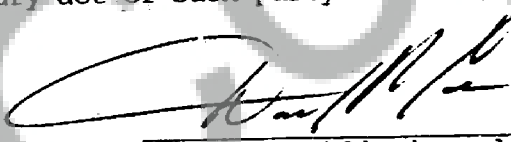
DEPARTMENT OF SOCIAL AND HEALTH SERVICES


 Peggy J. DeMiero

Financial Recovery Enforcement Officer

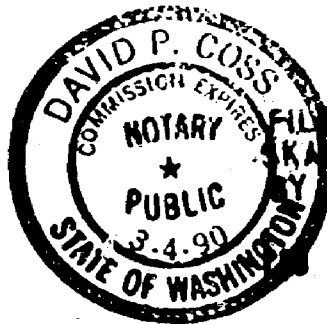
State of Washington)
) ss.
 County of Thurston)

I certify that I know or have satisfactory evidence that Peggy J. DeMiero 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: February 1, 1988

 Notary Public in and for the State of Washington, residing at Olympia
My appointment expires Mar 4, 1990

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

Registered	
Indexed, Dir.	
Indirect	
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FILED FOR RECORD
SKAMANIA CO. WASH

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AUDITOR
GARY M. OLSON