

106026

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Name FERREN, Wayne E./Shirley M.

**NOTICE AND STATEMENT OF LIEN**

Case Number 30-F-004732-0

SSN: 535-36-8672 (Wayne)

DOB: 01-11-40

SSN: 535-48-9361 (Shirley)

DOB: 04-20-47

**NOTICE IS HEREBY GIVEN:**

THAT THERE IS a debt due and owing the State of Washington by FERREN, Wayne E./Shirley M.

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 \$ 612.00, 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 CO. WASH  
BY Sept 22, 1988 Health

OCT 24 1 05 PM '88

REC'D  
GARY M. OLSON

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

Joaquin Ramos  
JOAQUIN RAMOS

Financial Recovery Enforcement Officer II

State of Washington

ss.

County of Thurston

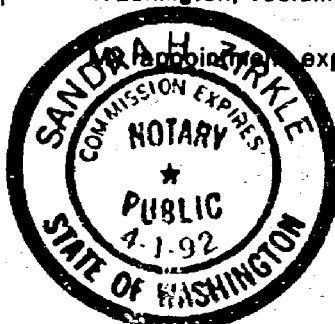
I certify that I know or have satisfactory evidence that Joaquin Ramos signed this instrument, in oath stated that (he/she) was authorized to execute the instrument and acknowledged it as an officer of the Department of Social and Health Services to be the free and voluntary act of such party for the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

Dated: October 21, 1988

Sandra H. Finkle  
Notary Public in and for the State of  
Washington, residing at Olympia

My commission expires 04-01-92

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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