

106497

BOOK 112 PAGE 851

NOTICE AND STATEMENT OF LIEN

Name HATFIELD, Ralph C./Deeta R.Case Number 3G-F/E-008335-0SSN: 533-84-3724 (Ralph)DOB: 03-11-63SSN: 549-27-8664 (Deeta)DOB: 01-22-67

NOTICE IS HEREBY GIVEN:

THAT THERE IS a debt due and owing the State of Washington by HATFIELD, Ralph C./Deeta R.
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 \$ 676.00, 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 Dept of Soc. Health

JAN 31 9 02 AM '89

E. Maynard
ALDER
GARY M. OLSON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Joaquin Ramos

Financial Recovery Enforcement Officer II

State of Washington

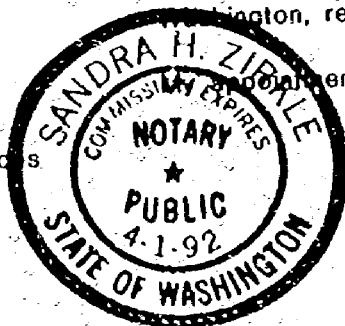
ss.

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: January 26, 1989

Sandra H. Ziballe
Notary Public in and for the State of
Washington, residing at Yima



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

LSHS 9 19A (Rev. 5 86) OX A 227

Registered 6
Indexed 7
Filed 7
Mailed 7