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BALDWIN, John H. 30-U-010299-0 Case Number ___ DOB: 04/13/41 __John H. Baldwin Jul 16 12 p4 rn '90 GARY A. OLDOH Financial Recovery Enforcement Officer Lyla Grimm thington, residin

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NOTICE AND STATEMENT OF LIEN

NOTICE IS HEREBY GIVEN:

THAT THERE IS a debt due and owing the State of Washington by _ in the amount of the public assistance granted during a period for which he/she would otherwise be ineligible due to the ownership of the property listed below. The State of Washington claims the right to file this lien upon the following described property in accordance with the provisions of RCW 74.04.007 and RCW 7-: 04.005(10)(f) as amended by Sec. 2, Chap. 335, Laws of 1985.

PROPERTY DESCRIPTION:

A tract of land located in the Southwest Quarter of the Northwest Quarter of Section 34, Township 2 North, Range 5 East of the Willamette Meridian, Skamania County, Washington, more particularly described as follows:

BEGINNING at a point marking the intersection of the channel of the Washougal River with the West Boundary line of the said Section 34: thence following the channel of the Washougal River, Easterly to a point 800 feet East of the West line of the said Section 34, said point being the initial point of the tract hereby described; thence North 435 feet, more or less, to a point in the center of a certain private road as staked out and established on December 7, 1942, thence Westerly following the center of said private road to a point 655 feet East of the West line of the said Section 34; thence South 230 feet; thence East 45 feet; thence South 205 feet, mor or less to the channel of the DEFARTMENT OF SOCIAL AND HEALTH SERVICES

Washougal River, said point being 700 feet East of the West line of the said Section 34; thence Easterly following the channel of the Washougal River to the initial point.

State of Washington

County of Thurston

I certify that I know or have satisfactory evidence that _ 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 10, 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