BOOK 106 PAGE 280

Name SMITH, John M.

Case Number __30-C/F-009100-0

AMENDMENT TO NOTICE AND STATEMENT OF LIEN

| Chata of Washington, Depart- |
|--|
| This amendment is to correct the following information on the lien filed by the State of Washington, Department of Social and Health Services, under date of April 6, 1987, recorded by the Auditor of 735, as follows: |
| mont of Sould and The Market of the Market o |
| |
| bearing recording number 102949 bearing recording number 102949 the following described property: |
| bearing recording number102949 bearing recording number102949 This lien is hereby amended to INCLUDE the following described property: This lien is hereby amended to INCLUDE the following described property: |
| a macorded in |
| Lot 10, Block 9, Plat of relocated North Bonneville, recorded in Block of Plats, Page 16, under Ekamania County file no. 83466, also recorded in of Plats, Page 16, under Ekamania County file no. 84429, records Book "B" of Plats, page 32, under Skamania County file no. 84429, records Book "B" of Plats, Page 32, under Skamania County, Washington. |
| Book "B" of Plats, page 50, of Skamania County, Washington. |
| of Skameting |
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| FILED FOR TEOORD |
| BY OSHS |
| TOTAL OF SOCIAL AND HEALTH OF THE SOCIAL AND H |
| AUG 3 2 18 FM . BI |
| AUDITOR W. DG. |
| GARYM OLCOM |
| JOAQUEN RAMOS Financial Recovery Enforcement Officer II |
| |
| State of Washington ss. |
| County of Thurston Joaquin Ramos Joaquin Ramos |
| avidence that is tumont and acknowl- |
| I certify that I know or have satisfactory evidence that the restriction of the signed this instrument, in oath stated that (her she) was authorized to execute the instrument and demonstrated that the signed that the uses and purposes mentioned in the instrument. |
| edged it as an officer of the Department of Social and This edged it as an officer of the Department of Social and This edged it as an officer of the Department of Social and This edged it as an officer of the Department of Social and This edged it as an officer of the Department of Social and This edged it as an officer of the Department of Social and This edged it as an officer of the Department of Social and This edged it as an officer of the Department of Social and This edged it as an officer of the Department of Social and This edged it as an officer of the Department of Social and This edged it as an officer of the Department of Social and This edged it as an officer of the Department of Social and This edged it as an officer of the Department of Social and This edged it as an officer of the Department of Social and This edged it as a social and This edged |
| such a y for the dada dire t |
| Magaculan W. Klauson |
| |
| Washington, residing at |
| Wy appointment expires |
| |
| RETURN TO: Department of Social and Reput Services Servi |
| Office of Financial Recovery OF WASHINGTON |

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

DSHS 9-388 (Rev. 2/86) QX A-227

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