Nama	BOSSMAN.	Sean	W./Tina	Ι.	

## NOTICE AND STATEMENT OF LIEN

SSN: 533-64-4243 DOB: 11/13/64 SSN: 534-62-7223 (Tina)

DOB: 08/17/66

NOTICE IS HEREBY GIVEN:

THAT THERE IS a debt due and owing the State of Weshington by BOSSMAN, Sean W. and BOSSMAN, Tina I. 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 , plus the maximum interest thereon allowable by law, in which amount the Department of Social and Health Services, State of Washington claims a tien upon ANY AND ALL OF THE REAL AND Skamania PERSONAL PROPERTY of the above named debto situated in Washington.

FILED FOR RECORD SKAMAMIA CO. WASH BY D.S. H.S
May 12 1 00 PM '88
GARY M. OLSON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

State of Washington

County of Thurston

JOAQUIN RAMOS

Financial Recovery Enforcement Officer II

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: May 9, 1988

Notary Public in and for the State of

Washington, residing at .

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

DSHS 9-19A (Rev. 5-86)

poointment expires \_

1-30-90

