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Name FERRELL, William B. and Ruth B.
Social Security # 542-30-4739 / 553-36-2838
Birthdate 12/2/30 / 7/22/29
Case Number 30-U-008829-0

NOTICE AND STATEMENT OF LIEN

NOTICE IS HEREBY GIVEN:

THAT THERE IS a debt due and owing the State of Washington by FERRELL, William B. and Ruth B. and the State of Washington claims the right to file this lien in accordance with the provisions of RCW 74.04.300 and 43.20B.620.

THAT THERE IS now due and remaining unpaid thereon, after deducting all just credits and offsets, the sum of \$ 3,768.00, plus interest 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

OCT 24 11 37 AM '88

GARY M. OLSON
AUDITOR

State of Washington

County of Thurston

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Joaquin Ramos
JOAQUIN RAMOS
Financial Recovery Enforcement Officer II

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

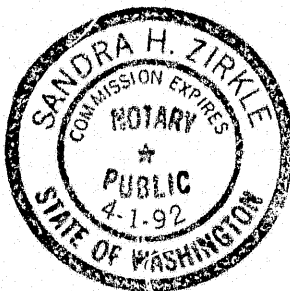
Sandra H. Zirkle
Notary Public in and for the State of Washington,

My appointment expires

04-01-92

RETURN TO:

Department of Social and Health Services
Office of Financial Recovery, MS: OB-21
P.O. Box 9501
Olympia, Washington 98504
Phone: (206) 753-1325



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