

106026

BOOK 111 PAGE 324

Name FERREN, Wayne E./Shirley M.

**NOTICE AND STATEMENT OF LIEN**

Case Number 30-F-004732-0  
SSN: 535-36-8672 (Wayne)  
DOB: 01-11-40  
SSN: 535-48-9361 (Shirley)  
DOB: 04-20-47

NOTICE IS HEREBY GIVEN:

THAT THERE IS a debt due and owing the State of Washington by FERREN, Wayne E./Shirley M.  
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 \$ 612.00 , 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 Sept 20 1988  
OCT 24 1 05 PM '88  
GARY M. OLSON  
AUDITOR

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

State of Washington

County of Thurston

ss.

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 each party for the uses and purposes mentioned in the instrument.

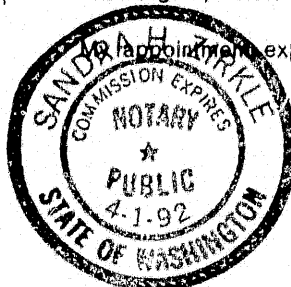
Dated: October 21, 1988

Sandra H. Kille  
Notary Public in and for the State of  
Washington, residing at Olympia

Commission expires 04-01-92

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 9-18A (Rev. 5/86) CX A-227



Registered 5  
Indexed, Dir. 5  
Indirect 5  
Filed  
Mailed