

106027

BOOK 111 PAGE 325

Name CAMPBELL, Cindy D.

**NOTICE AND STATEMENT OF LIEN**

Case Number 30-F/C-007546-0

SSN: 535-70-1394

DOB: 05-16-65

NOTICE IS HEREBY GIVEN:

THAT THERE IS a debt due and owing the State of Washington by CAMPBELL, Cindy D.

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 \$ 3,361.75, 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 Dept of Social Health

Oct 24 1 48 PM '88

G. M. Olson  
AUDITOR  
GARY M. OLSON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

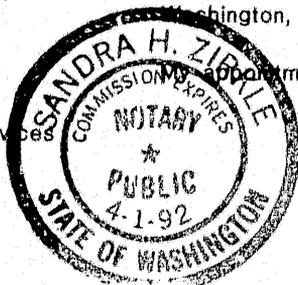
Joaquin Ramos  
JOAQUIN RAMOS  
Financial Recovery Enforcement Officer II

State of Washington }  
County of Thurston } ss.

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 20, 1988

Sandra H. Zibille  
Notary Public in and for the State of  
Washington, residing at Olympia  
Commission expires 09-01-92



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

Registered 5  
Indexed, vlr 5  
Indirect 5  
Filmed \_\_\_\_\_  
Mailed \_\_\_\_\_