

106497

BOOK 112 PAGE 851

Name HATFIELD, Ralph C./Deeta R.

NOTICE AND STATEMENT OF LIEN

Case Number 30 F/E-008335-0
 SSN: 533-84-3724 (Ralph)
 DOB: 03-11-63
 SSN: 549-27-8664 (Deeta)
 DOB: 01-22-67

NOTICE IS HEREBY GIVEN:

THAT THERE IS a debt due and owing the State of Washington by HATFIELD, Ralph C./Deeta R.
 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 \$ 676.00, 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 Dept of Soc. Health

JAN 31 9 02 AM '89
 E. Mesford
 ALDER
 GARY M. OLSON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Joaquin Ramos
 JOAQUIN RAMOS

Financial Recovery Enforcement Officer II

State of Washington

ss.

County of Thurston

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.

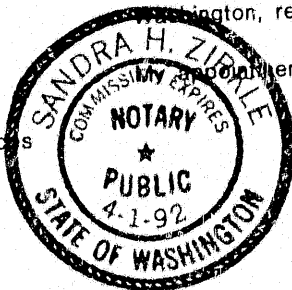
Dated: January 26, 1989

Sandra H. Ziehl
 Notary Public in and for the State of
 Washington, residing at Elma

My appointment 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



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