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	Name _HECEWALD, Janene M.
NOTICE AND STATEMENT OF LIEN	Case Number 31-F/C-008646-0 SSN: 531-76-4335
	DOB: 07-16-61
NOTICE IS HEREBY GIVEN:	
THAT THERE IS a debt due and owing the State of V	Washington by HEGEWALD, Janene M.
and the State of Washington claims the right to file th 74.04.300.	* (/\ *
of Social and Health Services, State of Washington cla PERSONAL PROPERTY of the above named debtor s	aims a lien upon ANY AND ALL OF THE REAL AND
Washington.	
SKAMAHIS ON WASH Challe BY MELL ASSOC & Challe	
FEB 6 . 41 PM '89 E. Michaela LIMITURE ON DI	EPARTMENT OF SOCIAL AND HEALTH SERVICES
GARY M. OLSON	DAQUIN RAMOS
	inancial Recovery Enforcement Officer II
I certify that I know or have satisfactory evidence the signed this instrument, in oath stated that (he/she) was edged it as an officer of the Department of Social and such party for the uses and purposes mentioned in	Health Services to be the free and voluntary act of
Dated: February 1, 1989	State of State of
W. Carlotte and the second	Vashington, residing at $\frac{\text{Elma}}{O}$
RETURN TO: Department of Social and Health Services Office of Financial Recovery R.O. Roy, 9501, MS, OR-21	NOTARY PC Registered Indexed, Dir C Indirect S
Phone: (206) 753-1325	Filled Filled