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Name: Alana L. Montgomery
Social Security #: 537-68-9693
Birthdate: 02-28-66
Case Number: 20-S-020321-0 & 30-F-010277-0

NOTICE AND STATEMENT OF LIEN

NOTICE IS HEREBY GIVEN:

THAT THERE IS a debt due and owing the State of Washington by Alana L. Montgomery 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 $10,741.80, 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.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Shirley Rock

Shirley Rock
Financial Recovery Enforcement Officer

State of Washington

ss.

County of Thurston

I certify that I know or have satisfactory evidence that Shirley Rock 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: February 22, 1991

Shawn L Barnett

Notary Public in and for the State of Washington,

My appointment expires 6/1991

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

FILED FOR RECORD
STATE OF WASH
BY DSHS
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P. Lowry
GARFIELD COUNTY

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