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FILED FOR RECORD  
SKAMANIA WASH  
BY DS.HS

Name: PORTLOCK, JOHN M.  
Social Security #: 523-88-7736  
Birthdate: 03-03-56  
Case Number: 30-F/0-0095280

Nov 12 14 1992  
P. Olson  
GARY M. OLSON

## NOTICE AND STATEMENT OF LIEN

### NOTICE IS HEREBY GIVEN:

Registered ☒  
Indexed, Dir ☒  
Indirect ☒  
Filmed 11/11/92  
Mailed

THAT THERE IS a debt due and owing the State of Washington by PORTLOCK, JOHN M. 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 \$1,256.00, 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 Finn*  
SHIRLEY FINN, LIEN CLERK

State of Washington

County of Thurston

SS.

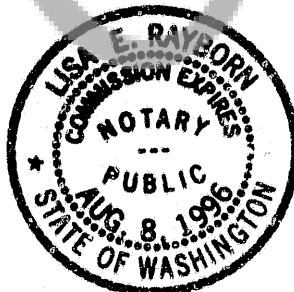
I certify that I know or have satisfactory evidence that SHIRLEY FINN, LIEN CLERK is the person who appeared before me, and said person acknowledged that he/she signed this instrument, on oath stated that he/she was authorized to execute the instrument and acknowledged it as an officer of the Department 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: November 6, 1992

*Lisa E. Rayborn*  
Notary Public in and for the State of Washington,

My appointment expires 08-08-96

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



PC 9-19A