124046

Name: ORTIZ, MARIA T & MARISCAL, JOSE

Social Security #: 541-21-9255/563-77-1889

Birthdate: 06-02-54/12-19-53

NOTICE AND STATEMENT OF LIEN

BOOK 154 PAGE 320

NOTICE IS HEREBY GIVEN.

THAT THERE IS a debt due and owing the State of Washington by ORTIZ, MARIA T & MARISCAL, JOSE and the State of Washington claims the right to file this lien in accordance with the provisions of RCW 74.04.300 and 43.208.620.

THAT THERE IS now due and remaining unpaid thereon, after deducting all just credits and offsets, the sum \$3,332.00, 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

Authorized Signature

FILED FOR RECORD
SKAMANIA OD. WASH
BY State JUA, US/IS

DEC 18 3 23 PM 195

GARY M. OLSON

State of Washington

County of Thurston

I certify that I know or have satisfactory evidence that National Color is the person who appeared before me, and said person acknowledged that he/she aigned this instrument, on outh 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.

SS.

Dated: December 14, 1995

Notary Public in and for the State of Washington,

My appointment expires 12-27-95

RETURN TO:

Department of Social and Health Services Office of Financial Recovery P.O. Box 9501

Olympia, Washington 98507-9501 Phone: (360) 753-1325 SHOTARY CONTRACTOR WASHING

adexed, cir produced filmed

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