BY DSHS\_

Im 21 12 11 PH '96 PLowy GARY M. OLSON

FILED FOR RECORD SKAMAHIA CO. WASH

NAMI	E: Lo	RIE L	. MA	rston			* <del>Union</del>	
SOCI	AL SEC	URITY	, W:					
CACE	NANCE							
LASE	NAME		LWAY,	Nei	Α.			

675892

NOTICE AND STATEMENT OF LIEN

125559 NOTICE IS HEREBY GIVEN:

BOOK 157 PAGE 928

That there is a debt due and owing the State of Washington by Lorie L. Marston and the State of Washington claims the right to file this lien in accordance with the provisions of RCW 13.40.220 and 74.20A.060.

That the 2 is now due and remaining unpaid thereon, after deducting all just credits and offsets, the sum of \$ 1,038.85 plus intest 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

State of Washington ) County of Thurston ) SS.

I certify that I know or have satisfactory evidence that \_ Sharon Whale 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.

June 17, 1996

Dated

My Appointment Expires 12/27/99

RETURN TO:

Department of Social and Health Services Office of Financial Recovery PO Box 9768 Olympia WA 98507-9768 Telephone: (360) 753-1325 1-800-562-6114 (Washington Toll Free) 1-800-452-2334 (Non English) (360) 753-0343 (TDD)



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