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FILED FOR RECORD  
SKAMANIA CO. WASH  
BY DSHS

BOOK 157 PAGE 929

JUN 21 12 15 PM '96

*Paul A. Laird*  
AUDITOR  
GARY M. OLSONName: MADDUX, MARK A.  
Social Security #: [REDACTED]  
Birthdate: 10-07-59  
Case Number: 30-C-011618-0

## NOTICE AND STATEMENT OF LIEN

## NOTICE IS HEREBY GIVEN:

THAT THERE IS a debt due and owing the State of Washington by MADDUX, MARK A. 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 \$1,184.00, 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

*Paul A. Laird*  
Authorized Signature

State of Washington

SS.

County of Thurston

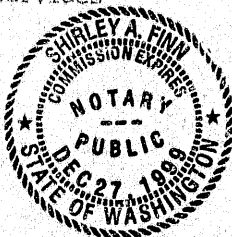
I certify that I know or have satisfactory evidence that Paul A. Laird is the person who appeared before me, and said person acknowledged that he/she signed this instrument, on oath stated that he/she was authorized to execute the instrument and acknowledged it as an officer of the Department of Social and Health Services to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated: June 14, 1996*Shirley A. Linn*

Notary Public in and for the State of Washington

My appointment expires 12-27-99

## RETURN TO:

Department of Social and Health Services  
Off. of Financial Recovery  
P.O. Box 9501  
Olympia, Washington 98507-9501  
Phone: (360) 753-1325

Searched	<input checked="" type="checkbox"/>
Indexed, Lit	<input checked="" type="checkbox"/>
Indirect	<input checked="" type="checkbox"/>
Filed	<input checked="" type="checkbox"/>
Mailed	<input checked="" type="checkbox"/>

PC 9-19A