

126131

BOOK 159 PAGE 287

Name: DONOVAN, KELLIE D. / BRIAN M.  
Social Security #: [REDACTED] /

Birthdate: 12-20-1969 / 11-03-1965  
Case Number: 30-E-012121-0

**NOTICE AND STATEMENT OF LIEN**

NOTICE IS HEREBY GIVEN:

THAT THERE IS a debt due and owing the State of Washington by DONOVAN, KELLIE D. / BRIAN 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 \$1,788.00, 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**

*[Signature]*  
Authorized Signature

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY DSHS

AUG 29 4 37 PM '96

*[Signature]*  
AUDITOR  
GARY M. OLSON

State of Washington

ss.

County of Thurston

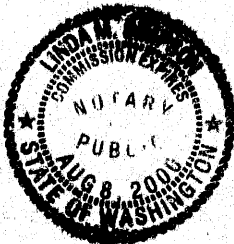
I certify that I know or have satisfactory evidence that *[Signature]* is the person who appeared before me, and said person acknowledged that he/she signed this instrument, on oath stated that he/she was authorized to execute the instrument and acknowledged it as an officer of the Department of Social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

Dated: August 23, 1996

*[Signature]*  
Notary Public in and for the State of Washington,

My appointment expires 08/08/00

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



Supervisor ☒  
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