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FILED FOR RECORD
SKAMANIA CO. WASH
BY DSHS

FEB 3 3 38 PM '97

Olson
AUDITOR
GARY M. OLSON

RETURN TO:
Department of Social and Health Services
Office of Financial Recovery
P O Box 9501
Olympia, Washington 98507-9501
Phone: (360) 753-1325
1-800-562-6114 (Washington Toll Free)
1-800-452-2334 (Language Interpreter)
1-800-833-6388 (TTY - Hearing Impaired)



NOTICE AND STATEMENT OF LIEN

GRANTOR/DEBTOR: GARCIA, MELANIE A

SOCIAL SECURITY NUMBER: [REDACTED]

BIRTHDATE: 02-04-1972

GRANTEE/CREDITOR: DSHS, OFFICE OF FINANCIAL RECOVERY

NOTICE IS HEREBY GIVEN:

THAT THERE IS a debt due and owing the State of Washington by MELANIE A GARCIA 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 of \$7,898.20 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

Thompson
Authorized Representative

State of Washington

ss.

County of Thurston

I certify that *Thompson* appeared before me, and signed this instrument as a DSHS officer and as his/her free and voluntary act for the purposes mentioned in this document.

NOTARY PUBLIC

State of Washington

Linda M. Simpson
LINDA M. SIMPSON

Commission Expires Aug 8, 2000

Dated: January 28, 1997

NOTICE AND STATEMENT OF LIEN
DSHS 12-00X (12/1988)

My appointment expires: *08/08/00*

Searched ☒
Indexed, Mr ☒
Filed ☒
Noted ☒
Satisfied ☒