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BOOK 762 PAGE 895

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)

FILED FOR RECORD  
 SKAMIA COUNTY, WASH  
 BY DSHS

FEB 25 10 13 AM '97  
*P. Olsson*  
 AUDITOR  
 GARY M. OLSON



## NOTICE AND STATEMENT OF LIEN

GRANTOR/DEBTOR: LAFAZIO, FAWNETTE L  
 SOCIAL SECURITY NUMBER: [REDACTED]  
 BIRTHDATE: 09-09-68  
 GRANTEE/CREDITOR: DSHS, OFFICE OF FINANCIAL RECOVERY

## NOTICE IS HEREBY GIVEN:

THAT THERE IS a debt due and owing the State of Washington by FAWNETTE L LAFAZIO and the State of Washington claims the right to file this lien in accordance with the provisions of RCW 74.04.300 and 40.20B.620.

THAT THERE IS now due and remaining unpaid thereon, after deducting all just credits and offsets, the sum of \$4,720.00 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 SKAMIA County, Washington.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

*Richard Chene*  
 Authorized Representative

State of Washington

County of Thurston

I certify that *Richard Chene* 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

Commission Expires Aug 8, 2000

Dated: February 18, 1997

NOTICE AND STATEMENT OF LIEN  
 DSHS 12-XXX (12/1996)

My appointment expires:

08/08/00

Registered  
 Indexed, Dir  
 Indirect  
 Filmed  
 Mailed