

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY DSHS

FEB 25 10 13 AM '97  
NOTARY  
AUDITOR  
GARY H. 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: LAFAZIO, FAWNELL 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 FAWNELL 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 43.20B.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 SKAMANIA County, Washington.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

*Richard Cline*  
Authorized Representative

State of Washington

ss.

County of Thurston

Dated: February 18, 1997

NOTICE AND STATEMENT OF LIEN  
DSHS 12-XXX (12/1986)

I certify that *Richard Cline* 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

Notary Public in and for the State of Washington

Commission Expires Aug 8, 2000

My appointment expires:

08/08/00

Registered  
Indexed, Dir  
Indirect  
Filmed  
Mailed