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FILED FOR RECORD
SKAMANIA CO. WASH
BY DSHS

JAN 7 1 22 PM '98

G. Olsson
AUDITOR
GARY M. OLSON

RETURN TO:
Department of Social and Health Services
Office of Financial Recovery
P O Box 9501
Olympia, Washington 98507-9501



NOTICE AND STATEMENT OF LIEN

GRANTOR/DEBTOR: HANKIN, KARINA M
SOCIAL SECURITY NUMBER: 542-11-9810
BIRTHDATE: 07-25-72
GRANTEE/CREDITOR: DSHS, OFFICE OF FINANCIAL RECOVERY

NOTICE IS HEREBY GIVEN:

THAT THERE IS a debt due and owing the State of Washington by **KARINA M HANKIN** 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 \$1,592.20 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

Rebecca J. Ramirez
Authorized Representative
Phone: (360) 753-1325
1-800-562-6114 (Washington Toll Free)

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State of Washington

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County of Thurston

I certify that *Rebecca J. Ramirez* 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
SHIRLEY A. FINN
Commission Expires Dec 27, 1999

Shirley A. Finn
Notary Public in and for the State of Washington

Dated: December 30, 1997

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

My appointment expires: 12.27-99