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FILED FOR ECORD SKAMANIA BY DSH'S WASH

SEP 1 9 21 AM '9

AUDITORY

GARY M OLEON

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: SAMPSON, JANET G SOCIAL SECURITY NUMBER: 533-76-1448

BIRTHDATE: 10-20-1967

GRANTEE/CREDITOR: DSHS, OFFICE OF FINANCIAL RECOVERY

NOTICE IS HEREBY GIVEN:

THAT THERE IS a debt due and owing the State of Washington by JANET G SAMPSON 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 \$2,681.85 plus interest allowable by law, in which amount the Department of Social and Health Services, State of Washington claims a lieu upon ANY AND ALL OF THE REAL AND PERSONAL PROPERTY of the above named debtor situated in SKAMANIA County, Washington.

debtor situated in SKAMANIA County, Washington. AND HEALTH SERVICES Authorized Representative BEN SPACED State of Washington Phone: (360)664-5700 adexed. Ly 1-800-562-6114 (Washington Toll Free) metroct County of Thurston # Imed Decisio I certify that Mathanie / Collins appeared before me, and signed this instrument as a DSHS officer and as his/her free-and voluntary act for the gurposes mentioned in this document. NOTARY PUBLIC State of Washington Notary Public in and for the State of Washington Dated: August 24, 1998 SHIRLEY A. FINN NOTICE AND STATEMENT OF LIE SOMINISSION EXPIRES DEC 27, 1999 My appointment expires: 12.27-99 DSHS 09-019A (09/1996)