## NOTICE AND STATEMENT OF LIEN 30-C-0005109-0

NOTICE IS HEREBY GIVEN:

That there is a debt due and owing the State of Washington by Delphia I. Brink SS# 537-32-6793 by reason of receipt of public assistance from the State of Washington in a manner contrary to law, and the State of Washington claims the right to file this lien in accordance with the provisions of RCW 74.04.300.

That there is now due and remaining unpaid thereon, after deducting all just credits and offsets, the sum of \$1415.00 , plus the maximum interest thereon allowable by law, in which amount the Department of Social and Health Services, State of Washington claims a lien upon the following property:

ANY AND ALL OF THE REAL AND PERSONAL PROPERTY of the above named debtor situated in Skamania County, Washington; particularly, but not limited to: I Acre located in the NE corner of the following described property, to-wit: The NE quarter of the SW Quarter of Sec. 8, Twp. 1 N. of Range 5 E. of the Willamette Meridian, further described as follows: Beginning at the NE corner of the above described property and extending 208.71 ft. S., thence W. 208.71 ft.; thence N. 208.71 ft., thence E. 208.71 ft., connecting with the starting line. Together with an easement or water right as granted to Grace Lock, a widow, to Sellers by instrument dated July 18, 1957, recorded in Book 44 of Deeds at pg. 31, records of Skamania County, WA.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Sue L. Whalin, Claims Investigator

STATE OF WASHINGTON)

SS

COUNTY OF THURSTON )

I. Darliss J. Daniel , Notary Public in and for the State of Washington, do hereby certify that on this 25th day of July 1977 , personally appeared before me Sue L. Whalin to me known to be the individual who executed the above instrument and acknowledged that she signed and sealed the same and that she is authorized to expect this notice and statement of lien on behalf of the Department of Social and Mealth Services.

Giver under my hand and official seal this 25th day of July

. 1977 .

Notary Public in and for the State of Washington, residing at Tumwater.

INQUIRIES SHALL BE MADE TO:
Department of Social & Health Services
Reimbursement Section, 08-21
P. O. Box 9501
Olympia, Washington 38504
Phone: 753-1325 (206)



## NOTICE AND STATEMENT OF LIEN 30-C-0005109-0

NOTICE IS HEREBY GIVEN:

That there is a debt due and owing the State of Washington by Delphia I. Brink SS# 537-32-6793 by reason of receipt of public assistance from the State of Washington in a manner contrary to law, and the State of Washington claims the right to file this lien in accordance with the provisions of RCW 74.04.300.

That there is now due and remaining unpaid thereon, after deducting all just credits and offsets, the sum of \$1415.00 , plus the maximum interest thereon allowable by law, in which amount the Department of Social and Health Services, State of Washington claims a lien upon the following property:

ANY AND ALL OF THE REAL AND PERSONAL PROPERTY of the above named debtor situated in Skamania County, Washington; particularly, but not limited to: I Acre located in the NE corner of the following described property, to-wit: The NE quarter of the SW Quarter of Sec. 8, Twp. 1 N. of Range 5 E. of the Willamette Meridian, further described as follows: Beginning at the NE corner of the above described property and extending 208.71 ft. S., thence W. 208.71 ft.; thence N. 208.71 ft., thence E. 208.71 ft., connecting with the starting line. Together with an easement or water right as granted to Grace Lock, a widow, to Sellers by instrument dated July 18, 1957, recorded in Book 44 of Deeds at pg. 31, records of Skamania County, WA.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Sue L. Whalin, Claims Investigator

STATE OF WASHINGTON)

COUNTY OF THURSTON )

I, Darliss J. Daniel , Notary Public in and for the State of Washington, do hereby certify that on this 25th day of July 1977 , personally appeared before me Sue L. Whalin to me known to be the individual who executed the above instrument and acknowledged that she signed and sealed the same and that she is authorized to execute this notice and statement of lien on behalf of the Department of Social and Health Services.

Given under my hand and official seal this 25th day of July

1 977

Notary Public in and for the State of Washington, residing at Tumwater.

INQUIRIES SHALL BE MADE TO:
Department of Social & Health Services
Reimbursement Section, OB-21
P. O. Box 9501
Olympia, Washington 98504
Phone: 753-1325 (206)

DSHS 9-19A (6/77)

 $var_{I/2}$ 

