

BOOK *A* PAGE *106*

MADDUX, TIMOTHY J.
NAME

NAME _____

30-E-007070-0

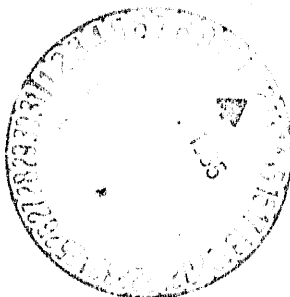
CASE NUMBER

NOTICE AND STATEMENT OF LIEN

NOTICE IS HEREBY GIVEN:

That there is a debt due and owing the State of Washington by MADDUX, TIMOTHY J.
SS# [REDACTED] 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 \$ 558.00 , 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 ANY AND ALL OF THE REAL AND PERSONAL PROPERTY of the above named debtor situated in SKAMANIA County, Washington.



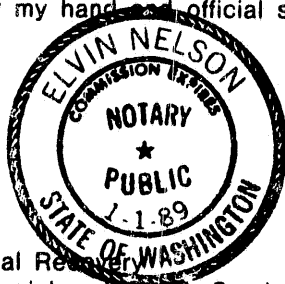
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Jacquelyn W. Johnson, Claims Investigator

STATE OF WASHINGTON)
) ss.
COUNTY OF THURSTON)

On this day personally appeared before me, Jacquelyn W. Johnson, to me known to be the individual who executed the within and foregoing instrument and acknowledged that he/she signed the same and that he/she is authorized to execute said instrument on behalf of the Department of Social and Health Services.

Given under my hand and official seal this 8th day of November, 1985



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

RETURN TO:
Office of Financial Review
Department of Social and Health Services
P.O. Box 9501, MS-OB21
Olympia, Washington 98504
Phone: (206) 753-1325

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