

124272

BOOK 154 PAGE 849

Name: INMAN, TRACY L. WHI: IMAN, MICHAEL
Social Security #: 537-66-8800/533-64-2623
Birthdate: 02-15-57/09-05-58
Case Number: 30-C-010187-0

NOTICE AND STATEMENT OF LIEN

NOTICE IS HEREBY GIVEN:

THAT THERE IS a debt due and owing the State of Washington by INMAN, TRACY L. WHI: IMAN, MICHAEL L. 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 \$5,886.00, 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

Rebecca J. Ramirez
Authorized Signature

FILED FOR RECORD
SKAMANIA CO. WASH
BY DSHS

JAN 12 2 23 PM '96
Gary M. Olson
AUDITOR
GARY M. OLSON

State of Washington

County of Thurston

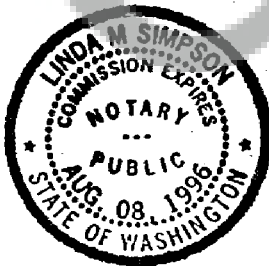
I certify that I know or have satisfactory evidence that *Rebecca Ramirez* is the person who appeared before me, and said person acknowledged that he/she signed this instrument, on oath stated that he/she was authorized to execute the instrument and acknowledged it as an officer of the Department of Social and Health Services to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated: January 5, 1996

Linda M. Simpson
Notary Public in and for the State of Washington,

My appointment expires 08-08-96

RETURN TO:
Department of Social and Health Services
Office of Financial Recovery
P.O. Box 9501
Olympia, Washington 98507-9501
Phone: (360) 753-1325



Registered	<input checked="" type="checkbox"/>
Indexed, Cir	<input checked="" type="checkbox"/>
Indirect	<input checked="" type="checkbox"/>
Filed	<input type="checkbox"/>
Mailed	<input type="checkbox"/>

PC 9-19A