

126440

BOOK 160 PAGE 64
Name: SWOPE, RICKEY L.
Social Security #: [REDACTED]
Case Number: 30-E-011433-0

NOTICE AND STATEMENT OF LIEN

NOTICE IS HEREBY GIVEN:

A debt is due and owing the State of Washington by SWOPE, RICKEY L. in the amount of the public assistance granted during a period for which they would otherwise be ineligible due to the ownership of the property listed below. The State of Washington claims the right to file this lien on the following described property in accordance with the provisions of RCW 43.20B.670 and RCW 74.04.005(10)(f) as amended by Section 2, Chap. 335, Laws of 1985.

BOOK 112, PAGE 259 SK-15049/ES-703
02-05-34-0-0-0809-00
SKAMANIA CO. WA.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Tamie Comstock
TAMIE COMSTOCK

State of Washington

County of Thurston

I certify that I know or have satisfactory evidence that TAMIE COMSTOCK is the person who appeared before me, and said person acknowledged that he/she signed this instrument, on oath stated the 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: 10/07/96

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

My appointment expires 12-27-99

RETURN TO:
Department of Social and Health Services
Office of Financial Recovery
P.O. Box 9501
Olympia, Washington 98507-9501
Phone: (206) 753-1325 (Olympia)
1-800-562-6114 (Washington toll-free)



PC 9-19A

FILED FOR RECORD
SKAMANIA CO. WASH
BY DSHS

OCT 15 12 16 PM '96

Gary M. Olson
AUDITOR
GARY M. OLSON

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