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FILED FOR RECORD
SKAMANIA CO. WASH
BY DSHS

AUDITOR GARY M. OLSON

**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: SEAMAN, PAMELA M/ROBERT J

SOCIAL SECURITY NUMBER:

BIRTHDATE: 04-13-64/05-06-60

GRANTEE/CREDITOR: DSHS, OFFICE OF FINANCIAL RECOVERY

NOTICE IS HEREBY GIVEN:

THAT THERE IS a debt due and owing the State of Washington by PAMELA M/ROBERT J SEAMAN 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 \$1,288.80 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

Notary Public in and for the State of Washington

Authorized Representative

Phone. (360) 753-1325

1-800-562-6114 (Washington Toll Free)

County of Thurston

State of Washington

I certify that Frank Marcella \_\_\_\_ appeared before me, and signed this instrument as a DSHS purposes mentioned in this document.

**NOTARY PUBLIC** State of Washington

SHIRLEY A. FINN

Dated: May 5, 1997

NOTICE AND STATEMENT OF CONTROLS SION EXPITES DEC 27, 1939 DSHS 12-XXX (12/1995)

My appointment expires: 12-27-99