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FILED FOR RECORD  
SKAMANIA CO. WASH  
BY DSHS

AUG 18 2 47 PM '97

*Olson*  
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: PETERSON, LISA A.  
SOCIAL SECURITY NUMBER: [REDACTED]  
BIRTHDATE: 02-09-1965  
GRANTEE/CREDITOR: DSHS, OFFICE OF FINANCIAL RECOVERY

NOTICE IS HEREBY GIVEN:

THAT THERE IS a debt due and owing the State of Washington by LISA A. PETERSON 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 \$1,262.00 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

*Wm E Huse*  
Authorized Representative

Phone: (360) 753-1325  
1-800-562-6114 (Washington Toll Free)

State of Washington

County of Thurston

I certify that Wm E Huse appeared before me, and signed this instrument as a DSHS officer and as his/her free and voluntary act for the purposes mentioned in this document.

NOTARY PUBLIC  
State of Washington

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

Dated: August 6, 1997

LINDA M. SIMPSON

Commission Expires Aug 6, 2001 My appointment expires: 08/08/00

NOTICE AND STATEMENT OF LIEN  
DSHS 12-XXX (12/1996)

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