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FILED FOR RECORD
SKAMANIA COUNTY, WASH
BY DSHS

MAR 16 2 11 PM '98
AUDITOR
GARY H. 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: **BLISS, RAWLEIGH E.**

SOCIAL SECURITY NUMBER: **535-68-4888**

BIRTHDATE: **07-07-1958**

GRANTEE/CREDITOR: DSHS, OFFICE OF FINANCIAL RECOVERY

NOTICE IS HEREBY GIVEN:

THAT THERE IS a debt due and owing the State of Washington by **RAWLEIGH E. BLISS** and the State of Washington claims the right to file this lien in accordance with the provisions of RCW 74.04.300 and 43.208.620.

THAT THERE IS now due and remaining unpaid thereon, after deducting all just credits and offsets, the sum of **$3,354.00** 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

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

State of Washington
ss.
County of Thurston

I certify that Robert Lancendorfer 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
Commission Expires Aug 8, 2000

Notary Public in and for the State of Washington

Dated: **March 10, 1998**

My appointment expires: 08/08/00

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