

136100

BOOK 192 PAGE 595

RETURN TO:  
Department of Social and Health Services  
Office of Financial Recovery  
P O Box 9501  
Olympia, Washington 98507-9501

FILED  
SKAMANIA COUNTY WASH  
DSHS

AUG 25 11 25 PM '99

*P. Lowry*  
RECTOR  
GARY M. OLSON



# NOTICE AND STATEMENT OF LIEN

GRANTOR/DEBTOR: MOSER, DAWN M. AKA: GOREE, DAWN M.,  
SOCIAL SECURITY NUMBER: 538-80-2553  
BIRTHDATE: 09-02-1965  
GRANTEE/CREDITOR: DSHS, OFFICE OF FINANCIAL RECOVERY

## NOTICE IS HEREBY GIVEN:

THAT THERE IS a debt due and owing the State of Washington by MOSER, DAWN M. AKA: GOREE, DAWN M. 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 \$1,025.00 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

*Frank J. Mulla*  
Authorized Representative  
Phone: (360) 664-5700  
1-800-562-6114 (Washington Toll Free)

State of Washington

County of Thurston

Signature ☒  
Typed Name ☒  
Typed Title ☒  
Typed Date ☒

I certify that *Frank J. Mulla* 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 17, 1999

NOTICE AND STATEMENT OF LIEN  
DSHS 09-019A (08/1995)

Commission Expires Aug 8, 2000

Appointment expires: 08/08/00