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BOOK 196 PAGE 337

FILED PARTY FORD SKAFELL AND PASH BY DSHS JAN 28 4 22 PH 100 CANY MORE GLESON

**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: THOMPSON, LEONARD C	Th
SOCIAL SECURITY NUMBER: 500-62-6512	\$10-119-PO
BIRTHDATE: 10-14-1967	dered ta-
GRANTEE/CREDITOR: DSHS, OFFICE OF FINANCIAL RECOVERY	"Intel
NOTICE IS HERERY GIVEN:	48.48

THAT THERE IS a debt due and owing the State of Washington by LEONARD C THOMPSON and the State of Washington claims the right to file this lier 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 \$789.40 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.

NO HEALYH SERVICES Althorized Representative Phone: (360)664-5700 1-800-562-6114 (Washington Toll Free)

State of Washington

County of Thurston

I certify that Nancy A Doble appeared before me, and signed this instrument as a DSHS to voluntary act for the purposes you

**NOTARY PUBLIC** State of Washington (

Dated: January 21, 2002 INDA M. SIMPSON

NOTICE AND STATEMENT OF LIE COMMISSION Expires Aug 8, 2000My appointment expires: 08/08/2006