137851

FILE CONTROL DSHS

AFR 12 11 19 AH '00

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CARY II. CLSON

**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, SEAN L	
SOCIAL SECURITY NUMBER:	
BIRTHDATE: 10-03-1966	a. //
GRANTEE/CREDITOR: DSHS, OFFICE OF FINANCE	AL RECOVERY

## NOTICE IS HEREBY GIVEN:

THAT THERE IS a debt due and owing the State of Washington by SEAN L 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 \$4,098.00 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
	All Dal D
Clete of Marking	Authorized Representative
State of Washington	Phone: (360) 664-5700
ss.	1-800-562-6114 (Washington Toll Free)
County of Thurston	#dite:
	1 (mr.)
$CI = I \cap I$	appeared before me, and signed this instrument as a DSHS
I certify that Tephen L (adnic)	appeared before me, and signed this instrument as a pour
officer and as his/her free and voluntary act for the p	proses pentioned in this document.
	Kind of the Point
State of Washington	Notary Public in and for the State of Washington
Dated: April 5, 2000 LINDA M. SIMPSON	To the state of washington
10	My appointment expires: Aug 8 2006
DSHS 09-019A (09/1996)	my oppositioned pies. 1744 0 , 2000