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FILED FOR PESSIND SKAPE DSHE

Oct 9 2 58 PH 'OF GARYH. 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: KANG, TRACEE L.

SOCIAL SECURITY NUMBER:

BIRTHDATE: 09-28-1974

GRANTEE/CREDITOR: DSHS, OFFICE OF FINANCIAL RECOVERY

NOTICE IS HEREBY GIVEN:

THAT THERE IS a debt due and owing the State of Washington by TRACEE L. KANG 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 \$2,244.00 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.

PUBLE State of Washington County of Thurston

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

y Public in and for the State of Washington

Authorized Representative Phone: (360) 664-5700 1-800-562-6114 (Washington Totl Free)

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

Dated: October 2, 2001

MOTICE AND STATEMENT OF LIEN DSHS 09-019A (09/1998)