Skamania County, WA Total:\$39.00 LIENCITY Pgs=1

2020-003247 11/19/2020 09:57 AM

Request of: WASHINGTON STATE DEPARTMENT OF I

00006135202000032470010015





RETURN RECORDING INFORMATION TO:
DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)
ECONOMIC SERVICES ADMINISTRATION (ESA)
OFFICE OF FINANCIAL RECOVERY (OFR)
PO BOX 9501
OLYMPIA WA98507-9501

Notice and Statement of Lien

Grantor or Debtor:	VOLGMANN,	ATHENA J	, also known as (aka) o
doing business as (dba	1)	7	
Birth date: 12/0	09/1973 SSN: XXX	-XX-3073	
Grantee or Creditor: DSH	S, Economic Service:	s Administration(ESA),	Office of Financial Recovery(OFR)
Legal Description:		- (
Assessor's Property Ta	ax Parcel Account	Number:	
in accordance with the pr Recovery files a lien in th	ovisions of RCW 74.0 e amount of \$4,972.5 al property of the d	04.300 and/or RCW 43.50 in SKAMANIA County lebtor named above.	•
Only the property of	lescribed in the Leg	gal Description sectio	n above.
VENDOR RECOVERY PROGRAM		DANI MARUYAMA	
PROGRAM		REVENUE AGENT / AUTHORIZED REPRESENTATIVE DEPARTMENT OF SOCIAL AND HEALTH SERVICES	
1-800-562-6114 ext 45455		11/12/2020	
TELEPHONE NUMBER		DATE	
In reply, refer to: OFR Account Number:	145688VR		