11168718

When filed, mail copy to:
Utah Department of Human Services
Office of Recovery Services
Attn: ARNELL WAMSLEY
(801)536-8806
C/O 515 E 100 S
PO BOX 45025
SALT LAKE CITY, UT 84145-0025

11168718 04/19/2011 11:52 AM \$□.□□ Book - 9918 Pg - 9797 GARY W. □TT RECORDER, SALT LAKE COUNTY, UTAH UT ST-DEPT OF HUMAN SERVICES OFFICE OF RECOVERY SERVICES PO BOX 45025 SLC UT 84145-9911 BY: HMP, DEPUTY - MA 1 P.

PARCEL I.D.#: 2012287006

NOTICE OF STATUTORY LIEN

Department of Human Services, Office of Recovery Services

The undersigned, for and on behalf of the Department of Human Services, Office of Recovery Services, State of Utah, pursuant to the provisions of Section 26-19-13.5, Utah Code Annotated 1953, as amended, assert a lien in the sum of \$217254.44 against the real property located in SALT LAKE County, State of Utah, to wit:

LOT 45 BLK 49 HOFFMAN HEIGHTS NO. 20, ACCORDING TO THE OFFICIAL PLAT THEREOF AS RECORDED IN THE OFFICE OF THE SALT LAKE COUNTY RECORDER.

PROPERTY ADDRESS: 4869 W 4985 S, KEARNS, UTAH 84118

PROPERTY OWNER: GLENDA CUMMINGS

ARNELL T WAMSLEY, Agent for the Office of Recovery Services and not as an

individual. (801)536-8806

State of Utah

ss.

County of SALT LAKE

On the Hori, 2011 personally appeared before me ARNELL T WAMSLEY, the signer of the above instrument who duly acknowledged to me that he/she executed the same as an agent for the Office of Recovery Services of Department of Human Services, State of Utah, and that he/she had authority

to execute the same.

NOTARY PUBLIC

Team 85 ORATW M60A 11/04/14 C001021710 900140576933618

ERIC M. HANSON
Notary Public State of Utab
My Commission Expires on:
May 13, 2013
Comm. Number: 578704