

0 E

When recorded, mail copy to:
Office of Recovery Services
Bureau of Medical Collections
Attn: Kristi Elmer
PO Box 45025
Salt Lake City, UT 84145-0025



ENT 13798:2024 PG 1 of 1
ANDREA ALLEN
UTAH COUNTY RECORDER
2024 Mar 4 01:29 PM FEE 0.00 BY KR
RECORDED FOR UTAH DEPARTMENT OF HUMAN S

PARCEL I.D. #: 08:031:0007

NOTICE OF STATUTORY LIEN

Office of Recovery Services/Bureau of Medical Collections

The undersigned, for and on behalf of the Office of Recovery Services/Bureau of Medical Collections, pursuant to the provisions of U.C.A. 26B-3-1013, Utah Code Annotated 1953, as amended, asserts a lien in the sum of \$23,057.64 against the real property located in UTAH County, State of Utah, to wit:

COM. AT NE COR OF BLK 38, PLATA, PAYSON CITY SURVEY; W 1.31CHS; S 120.5 FT; E 1.31 CHS; N 120.5 FT TO BEG AREA .24 OF AN ACRE.

Property Address: 280 E 100 NORTH, PAYSON, UT 84651
Property Owner: REECE, JULIE L

Dated this 28 day of February, 2024.

Kristi Elmer
Kristi Elmer
Office of Recovery Services
Bureau of Medical Collections
Telephone: (801) 536-8798
Extension: 14713
Fax Number: (801) 536-0377
E-mail: kelmer@utah.gov

State of Utah
County of Salt Lake

On this 28th day of February, in the year 2024, before me V. Elisabeth Westwood,
Notary Name

a notary public, personally appeared Kristi Elmer,
Document Signer, proved on a basis of satisfactory evidence

to be the person whose name is subscribed to in this document, and acknowledged he/she executed the same.

Notary Seal:

V. Westwood
Notary Signature

