

9906210009

KATHY HILL
SKAGIT COUNTY CLERK

99 JUN 21 A9:41

RECORDED _____ FILED _____
REQUEST OF _____

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
ESTATE RECOVERY

GRANTOR/DEBTOR: BUMGARNER, MARTHA J

CASE NUMBER: 002955680

GRANTEE/CREDITOR: DSHS, Office of Financial Recovery

LEGAL DESCRIPTION: Beginning 960ft. South and 700 feet West of the Northeast corner of the NE 1/4 NW 1/4 of Sec. 17 Twnshp 35, Rge 6, thence W 100feet, S 100 feet, E 100 feet and N 100 feet to the POB.

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(S): P41397

NOTICE IS HEREBY GIVEN THAT the State of Washington, Department of Social and Health Services, hereby asserts a lien for the amount of medical assistance or state funded long-term care, or both, paid on behalf of MARTHA J BUMGARNER a deceased person. The said department asserts this lien under the authority of RCW 43.20B.080, against the estate of the above named deceased person, and in particular against the above described real property located in SKAGIT County, Washington.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

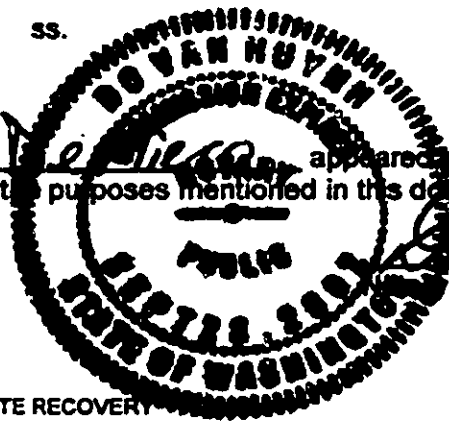
Peggy J. Vermeid
Authorized Representative
Phone: (360) 664-5700

State of Washington

County of Thurston

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

Dated: June 15, 1999



Do Van Huynh
Public in and for the State of Washington

NOTICE AND STATEMENT OF LIEN ESTATE RECOVERY
DSHS 12-XXX (12/1996)

My appointment expires: 09-28-02

9906210009

BK2007PG0537