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Kathy Hill, Skagit County Auditor

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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: DALRYMPLE, BETTY M

CASE NUMBER: 002819295

GRANTEE/CREDITOR: DSHS, Office of Financial Recovery

LEGAL DESCRIPTION: TOWNSITE 4<sup>TH</sup> TO HAMILTON E1/2 OF L 17 ALL OF LOTS 18 THRU 25 AND 30 THRU 38 BK 61

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(S): P 73809

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 **BETTY M DALRYMPLE** 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. DeMierd*

Authorized Representative

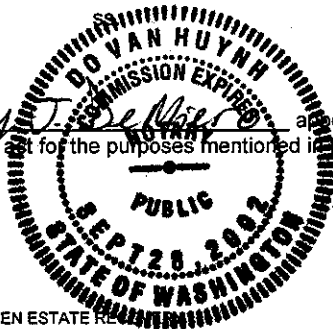
Phone: (360) 664-5700

State of Washington

County of Thurston

I certify that *Peggy J. DeMierd* 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: August 18, 1999



*Do Van Huynh*  
Notary 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