



199910040091

Kathy Hill, Skagit County Auditor

10/4/1999 Page 1 of 1 11:12:12AM

RETURN TO:
Department of Social and Health Services
Office of Financial Recovery
P O Box 9768
Olympia, Washington 98507-9768



NOTICE AND STATEMENT OF LIEN RESIDENTIAL

GRANTOR/DEBTOR: **RODGERS, LAWRENCE J. (DECEASED) & MARLYS**

CASE NUMBER: **431-367434**

SOCIAL SECURITY NUMBER: **534-30-4837** BIRTHDATE: 8-31-35

GRANTEE/CREDITOR: DSHS, Office of Financial Recovery

LEGAL DESCRIPTION: LA CONNER S1/2 OF W 66FT OF VAC CALHOUN ST & W 70 FT OF 13 BLK S

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(S): **4123-019-013-0108**

NOTICE IS HEREBY GIVEN:

THAT THERE IS a debt due and owing the State of Washington by **LAWRENCE J. (DECEASED) & MARLYS RODGERS** and the State of Washington claims the right to file this lien under Revised Code of Washington (RCW) 43.20B.

THAT THERE IS now due and remaining unpaid thereon, after deducting all just credits and offsets, the sum of **\$53, 576.64**, plus maximum interest thereon allowable by law in which amount the Department of Social and Health Services of the State of Washington claims a lien upon the above described property, situated in **SKAGIT** County, Washington.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

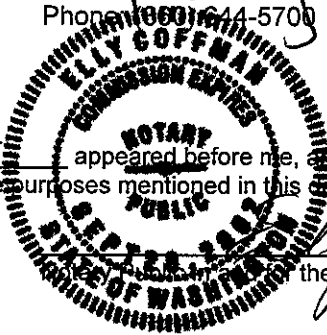
Authorized Signature
Phone: (360) 644-5700

State of Washington

ss.

County of Thurston

I certify that Kathy Lamb 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.



Kelly Coffman
the State of Washington

Dated: **September 30, 1999**

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

My appointment expires: 09-28-2002