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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 EXCESS REAL PROPERTY

GRANTOR/DEBTOR: **DALBEY, DIANE**

SOCIAL SECURITY NUMBER: [REDACTED]

CASE NUMBER: **3989405**

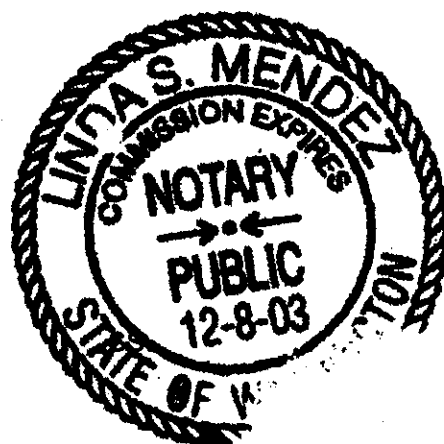
GRANTEE/CREDITOR: DSHS, OFFICE OF FINANCIAL RECOVERY

LEGAL DESCRIPTION: **CAPE HORN ON THE SKAGIT LOT 15 BLK D**

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(S): **3868-004-015-0000**

NOTICE IS HEREBY GIVEN:

A debt due and owing the State of Washington by **DIANE DALBEY** in the amount of the public assistance granted during a period for which they would otherwise be ineligible due to the ownership of the property listed above. The State of Washington claims the right to file this lien on the above described property in accordance with the provisions of RCW 43.20B.670 and RCW 74.04.005(10)(g).



State of Washington

County of Thurston

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

*Tamie Comstock*

TAMIE COMSTOCK, Authorized Representative

Phone: (360) 753-1325

1-800-562-6114 (Toll Free)

I certify that *Tamie Comstock* 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: **March 6, 2000**

*Linda S. Mendez*  
Notary Public in and for the State of Washington

NOTICE AND STATEMENT OF LIEN EXCESS REAL PROPERTY  
DSHS 12-XXX (12/1996)

My appointment expires: **12-8-03**