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, 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: **HYATT, GARY**

CASE NUMBER: 002575705

GRANTEE/CREDITOR: DSHS, Office of Financial Recovery

LEGAL DESCRIPTION: A PORTION OF SW ¼ SE ¼ AUDITOR FILE NUMBER 757800

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(S): P 34046

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 **GARY HYATT** a deceased person. The said department asserts this lien under the authority of RCW 43.20B.080 and .090, 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

  
ROBERT LANCENDORFER, Authorized Representative  
Phone: (360) 664-5700

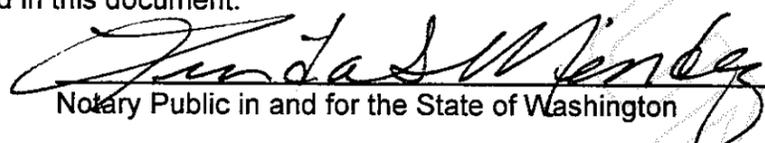
State of Washington



County of Thurston

I certify that Robert Lancendorfer 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: February 12, 2001

  
Notary Public in and for the State of Washington

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

My appointment expires: 12-8-03