



RETURN TO:

Department of Social and Health Services  
Finance Division  
Office of Financial Recovery  
PO Box 9768  
Olympia WA 98507-9768

200112210059  
Skagit County Auditor  
12/21/2001 Page 1 of 1 10:26AM

**NOTICE AND STATEMENT OF LIEN  
RESIDENTIAL**

GRANTOR/DEBTOR: **FRANK M CUNNINGHAM**

SOCIAL SECURITY NUMBER: [REDACTED]

DATE OF BIRTH: [REDACTED]

CASE NUMBER: **CUNNINGHAM, GERALDINE A** [REDACTED]

GRANTEE/CREDITOR: **DSHS, Finance Division, Office of Financial Recovery**

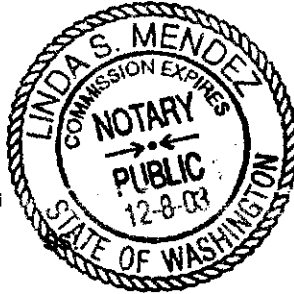
LEGAL DESCRIPTION: **ANACORTES LOT 13 BLOCK 62**

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(S): **P55312**

NOTICE IS HEREBY GIVEN:

THAT THERE IS a debt due and owing the State of Washington, Department of Social and Health Services, 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 **\$36,965.67** 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

*Lisa Norton*

LISA NORTON, AUTHORIZED REPRESENTATIVE

(360) 664-5700 (Olympia)  
1-800-562-6114 (Toll Free)

State of Washington

County of Thurston

I certify that LISA NORTON 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: 12/14/2001

*Linda S. Mendez*

Notary Public in and for the State of Washington

My appointment expires:

12-8-03