



RETURN TO:

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



200303280070

Skagit County Auditor

3/28/2003 Page

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1 10:28AM

NOTICE AND STATEMENT OF LIEN RESIDENTIAL

GRANTOR/DEBTOR: **FOX, KENNETH H & LUANA ANN**

OFR ACCOUNT NUMBER: **431 385070**

SOCIAL SECURITY NUMBER: [REDACTED]

DATE OF BIRTH: [REDACTED]

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

LEGAL DESCRIPTION: **SEDRO LOT 4 BLK 4 AKA: 615 NELSON ST, WA**

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(S): **P75295**

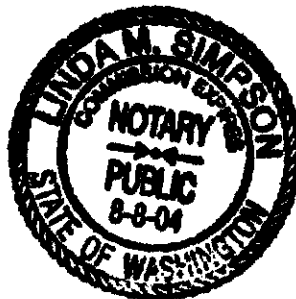
NOTICE IS HEREBY GIVEN:

THAT THERE IS a debt due and owing to the State of Washington by FOX, KENNETH H & LUANA ANN and the State of Washington claims the right to file this lien in accordance with the provisions of RCW 43.20B.

THAT THERE IS now due and remaining unpaid thereon, after deducting all just credits and offsets, the sum of **\$7,761.72** plus interest allowable by law, in which amount the Department of Social and Health Services, State of Washington claims a lien upon ANY AND ALL OF THE REAL AND PERSONAL PROPERTY of the above named debtor situated in SKAGIT COUNTY, Washington.

State of Washington

County of Thurston



DEPARTMENT OF SOCIAL AND HEALTH SERVICES


KATHY LAMB

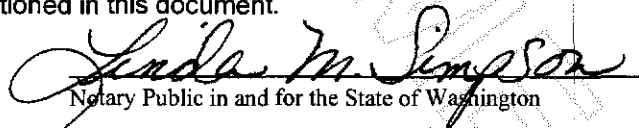
AUTHORIZED REPRESENTATIVE

(360) 664-5700 (Olympia)

1-800-562-6114 (Toll Free)

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.

Dated: 3/25/2003


Notary Public in and for the State of Washington

My appointment expires: 08/08/2004