



200504270011
Skagit County Auditor

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RETURN RECORDING INFORMATION TO:

Department of Social and Health Services
Financial Services Administration
Office of Financial Recovery
PO Box 9501
Olympia WA 98507-9501

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: WEDEKIND, ROBERT F, also known as or
doing business as: _____,

SSN: XXX-XX-8801 DOB: _____ UBI#: _____

Grantee or Creditor: DSHS, Financial Services Administration, Office of Financial Recovery
Legal Description: CEDARGROVE ON THE SKAGIT LT 145 INC M/H 09L13686 PEERLESS 78
70X14

Assessor's Property Tax Parcel Account Number: P64216

NOTICE IS GIVEN THERE IS debt owed to the State of Washington and the State of Washington files this lien in accordance with the provisions of RCW 43.20B.080 and .090.

The Office of Financial Recovery files a lien for an undetermined amount in SKAGIT County on:

- ☐ All real and personal property of the debtor named above.
☒ Only the property described in the Legal Description section above.

Estate Recovery Program

Contact

1-800-562-6114

Telephone Number

ERIK KJESBU

Authorized Representative

Department of Social and Health Services

4/25/2005

Date

In reply, refer to:
Case# 050068175 ER