



200511100011

Skagit County Auditor

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RETURN 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: WRIGHT, CORALEE C, also known as or
doing business as: _____,
SSN: XXX-XX-1186 DOB: _____ UBI#: _____

Grantee or Creditor: DSHS, Financial Services Administration, Office of Financial Recovery
Legal Description: HOME COURT CONDOMINIUMS, BUILDING 803, UNIT A, AKA REPLAT
OF LOT 30 HOMEPLACE (4652)

Assessor's Property Tax Parcel Account Number: P 113512

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
11/7/05
Date

In reply, refer to:
Case# **ER 003577685**