



200601130012

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: ATCHLEY, COLLEEN J, also known as or
doing business as: _____,
SSN: XXX-XX-4809 DOB: _____ UBI#: _____

Grantee or Creditor: DSHS, Financial Services Administration, Office of Financial Recovery
Legal Description: RT# 4-009-03 PTN OF SE1/4 SE1/4 DAF E 200 FT W OF RD LESS RT#4-009-01 & 4-009-04 INC M/H ORFLNP4816117BS FLEETWOOD 93 56X28 DT 19 DK 12

Assessor's Property Tax Parcel Account Number: P35444

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

KENNETH WASHINGTON
Authorized Representative
Department of Social and Health Services
1/11/2006
Date

In reply, refer to:
Case# **ER 003156041**