



200606220023

Skagit County Auditor

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1 9:21AM



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: FITZGERALD, ROBERT E, also known as or
doing business as: _____

DOB: [REDACTED] SSN: XXX-XX-1279

Grantee or Creditor: DSHS, Financial Services Administration, Office of Financial Recovery
Legal Description: BEALE'S MAPLE GROVE TO ANA. W1/2LT 5 ALL LTS 6 & 7 BLK 16

Assessor's Property Tax Parcel Account Number: P56681

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

MELINDA RICE

Authorized Representative
Department of Social and Health Services
6/19/2006

Date

In reply, refer to:
Case# **ER 004973213**