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1 9:20AM



RETURN TO

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

	NOTICE	AND	STAT	EMENT	OF I	LIEN
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Grantor or Debtor:	FOSS, JOHN A 📝 🖊		, also known as or	
doing business as:			7	
	DOB	1. <u>XXX-XX-8497</u>		
Grantee or Creditor: Legal Description:	DSHS, Financial Service 1 AC TR & HOUSE IN S31 LESS S 66' AKA : 6244 SF	T35 R2 E 220' OF LOT 2	S OF SPRADLEY RD	
Assessor's Prope	rty Tax Parcel Account No	ımber: <u>P33263</u>		
Washington files t The Office of Fina ☐ All real and pe	N THERE IS debt owed to this lien in accordance wit ancial Recovery files a lien resonal property of the deb erty described in the Legal	n the provisions of RCW for an undetermined ar tor named above.	/ 43.20B.080 and .090. mount in SKAGIT County on	
Estate Recovery i	Program	MELINDA RICE		
Contact		Authorized Representative		
1-800-562-6114		Department of Social and Health Services		
Telephone Number		7/10/2006		
		Date		
In reply, refer to:				

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Case# ER 002361048