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1 of

, also known as or

1 10:00AM



RETURN TO:

Grantor or Debtor: doing business as:

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

DIANA L TOWELL

Only the property described in the Legal Description section above:

doing business as:					
	DOB:	11/06/1946	SSN:	XXX-XX-6055	
Grantee or Creditor: Legal Description:	STEWAR	RT'S 1ST TO ANA LTS	3 & 14 BLK 4 AKA: 10	Office of Financial Recovery	
Assessor's Proper			7 2	<u> </u>	
Washington files t	nis lien ir	n accordance with t	the provisions of	nington and the State of RCW 43.20B.080 and .090. The mount in SKAGIT County on:	
All real and pe	rsonal pi	roperty of the debto	or named above.		

Debbie Chase

04/17/2007

Date

Authorized Representative

Department of Social and Health Services

NOTICE AND STATEMENT OF LIEN

Contact 1-800-562-6114 Telephone Number

Estate Recovery Program

In reply, refer to:

003340623 ER Case#

DSHS: 09-019A (06/2003) 2 of 2

