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RETURN TO:

DSHS: 09-019A (06/2003)

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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:	RUBY PATE		, also known as or
doing business as:			
	DOB: 08/31/1916	SSN:	XXX-XX-5078
Grantee or Creditor:	DSHS, Financial Services Add	ministration,	Office of Financial Recovery
Legal Description:	BROWNRIGG'S 2ND TO ANA.LTS 28 TO 31 BLK 2 AKA: 4005 L AVE		
Assessor's Property	y Tax Parcel Account Number:	P57030	
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.			
X Only the property described in the Legal Description section above.			
Estate Recovery Pr	ogram	Shannon Be	ernal
Contact 1-800-562-6114		Authorized Representative Department of Social and Health Services	
Telephone Number		06/13/2007	
In reply, refer to:		Date	
Case# 00418839	11 ER		

