

Skagit County Auditor

9/4/2007 Page

1 of

1 9:22AM



RETURN TO:

DSHS: 09-019A (06/2003)

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:	RAMONA M TESCH			, also known as or	
doing business as:				,	
	DOB: 03/20/1929	SSN:	XXX-XX-2638	_	
Grantee or Creditor:	DSHS, Financial Servi	ces Administration,	Office of Finan	cial Recovery	
Legal Description:	FAIRVIEW ADD REPLAT LOT 24 DK 12 AKA: 1600 E FAIRHAVEN AVE				
Assessor's Propert	ty Tax Parcel Account N	umber: P72519	<u> </u>		
Washington files the Office of Financial All real and per	I THERE IS debt owed to his lien in accordance with Recovery files a lien for rsonal property of the de arty described in the Lega	th the provisions of an undetermined a btor named above	RCW 43.20B.0 mount in SKAG	80 and .090. The	
	•	Debbie Cha		<u> </u>	
Estate Recovery Program					
Contact		Authorized Representative Department of Social and Health Services			
1-800-562-6114					
Telephone Number		08/30/2007			
In reply, refer to:		Date			
Case# 0506601	96 ER				

