



200709190013

Skagit County Auditor

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1 9:35AM



**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: DOROTHY G CAMPBELL, also known as or  
doing business as: \_\_\_\_\_

DOB: 11/23/1916 SSN: XXX-XX-1064

Grantee or Creditor: DSHS, Financial Services Administration, Office of Financial Recovery

Legal Description: S25 T35 R9 TAX 2AAB BEG AT A PT 1320' S OF W1/4 COR OF SEC TH E 150' TH S 140' TO TR  
POB TH S 60' TH NE'LY 85' TO A PT 160' S OF S LINE OF NW1/4 OF SW1/4 TH N 60' TH SW'LY 85'  
TO POB LESS R/W & TAX 10A AKA: 53048 STATE ROUTE 20

Assessor's Property Tax Parcel Account Number: P44660

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

Erik Kjesbu

Authorized Representative

Department of Social and Health Services

09/17/2007

Date

In reply, refer to:

Case# **050186933** ER

DSHS: 09-019A ( 06/2003)  
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