

200712100003 Skagit County Auditor

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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:	FANNY M BESGROVE		, also known as or
doing business as:			
	DOB: 08/25/1919	SSN:	XXX-XX-7873
Grantee or Creditor: Legal Description:	21	(TITLE ELIMINATION	Office of Financial Recovery ON) INC M/H 98 PALM HARBOR 57x27 S/N
Assessor's Propert	y Tax Parcel Account Number		
Washington files th Office of Financial I	THERE IS debt owed to the is lien in accordance with the Recovery files a lien for an unsonal property of the debtorated described in the Legal Described.	e provisions of ndetermined a named above.	RCW 43.20B.080 and .090. The mount in SKAGIT County on:
Estate Recovery Pi	rogram	Ellen Korslu	and
Contact 1-800-562-6114			Representative of Social and Health Services
Telephone Number	r	12/06/2007	
In reply, refer to:		Date	