



200807030032  
Skagit County Auditor

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**RETURN TO:**  
Department of Social and Health Services  
Financial Services Administration  
Office of Financial Recovery  
Vendor Recovery Program  
PO Box 9768  
Olympia WA 98507-9768

**NOTICE AND STATEMENT OF LIEN**

Grantor or Debtor: MENDOZA, PATRICIA & ERNESTO, also known as or  
doing business as: \_\_\_\_\_

DOB: 00-00-0000/00-00-0000 SSN: XXX-XX-8220/XXX-XX-4943  
DSHS, Financial Services Administration, Office of Financial Recovery, Vendor Recovery Program.

Grantee or Creditor:  
Legal Description: EAST SECTION HEIGHTS, LOT 7, ACRES 0.24/34N-04E-21 / 04E-34N-21

Assessor's Property Tax Parcel Account Number: P108561/46720000070000

NOTICE IS GIVEN THERE IS a debt owed to the State of Washington and the State of Washington files this lien in accordance with the provisions of RCW 74.46.690 and/or RCW 43.20B.675. The Office of Financial Recovery, Vendor Recovery Program, files a lien in the amount of **\$308.84** in **SKAGIT** County on:

- All real and personal property of the debtor named above.
- Only the property as described in the Legal Description section above.

Vendor Recovery Program  
Contact  
1-800-562-6114 Ext. 45501  
Telephone Number

MICHAEL A COSTANZA, F.R.E.O.  
Authorized Representative  
Department of Social and Health Services  
7/2/2008  
Date

In reply, refer to:  
**Case #129930 VR**