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1 8:44AM



## **RETURN TO:**

DSHS: 09-019A ( 06/2003)

2 of 2

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:	AUSTIN M KESO				, also known as or	
doing business as:				,		
	DOB:	01/01/1921	SSN:	XXX-XX-4198	<b>_</b>	
Grantee or Creditor:	DSHS	, Financial Services	Administration	, Office of Finan	cial Recovery	
Legal Description:	REPLAT OF LOTS 24 & 25, VIEW CREST ADDITION, LOT 24B, ACRES 0.16 AKA: 1618 E HIGHLAND AVE					
Assessor's Propert	у Тах Р	arcel Account Numb	per: P117253	<u> </u>		
Washington files the Office of Financial  All real and per	is lien ir Recover sonal pr	EIS debt owed to the accordance with the symmetry of the debtor ribed in the Legal Desiration of the L	ne provisions of undetermined a named above	RCW 43.20B.0 Imount in SKAG	80 and .090. The	
Estate Recovery Program			Chris Boyd	Chris Boyd		
Contact 1-800-562-6114			Departmen	Representative t of Social and I		
Telephone Number			07/18/2008			
In reply, refer to:	no F		Date	i de la companya de La companya de la co		
Case# 05092199	96 F.F	(				

