

3/5/2009 Page

1 of

1 9:54AM



## **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:	HEATHER JAYRE				, also known as or
doing business as:					,
	DOB:	06/21/1950	SSN:	XXX-XX-7428	<u>}                                    </u>
Grantee or Creditor:	DSHS	, Financial Service	s Administration	, Office of Finar	ncial Recovery
Legal Description:	THAT PORTION OF THE SE1/4 SE1/4 DESCRIBED AS FOLLOWS: BEGINNING AT A POINT ON THE EAST LINE OF BLOCK 29 OF THE PLAT OF SYNDICATE ADDITION TO THE TOWN OF LACONNER WHICH POINT IS SOUTH 30-12 WEST, 124.9 FEET FROM THE NE CORNER THEREOF; THENCE SOUTH 59-48 EAST, 250 FEET; THENCE NORTH 30-12 EAST, 474.90 FEET TO THE TRUE POINT OF BEGINNING; THENCE NORTH 59-48 WEST, 50 FEET, MORE OR LESS, TO THE NE CORNER OF A TRACT CONVEYED TO STANLEY A MILLER AF#9607230040; THENCE SOUTH 30-12 WEST, ALONG THE EASTERY LINE OF SAID MILLER TRACT, 150 FEET, MORE OR LESS, TOTHE SE CORNER THEREOF; THENCE SOUTH 59-48 EAST, 50 FEET; THENCE NORTH 30-12 EAST, 150 FEET TO THE TRUE POINT OF BEGINNING. AKA: VACANT LAND				
Assessor's Property	у Тах Р	arcel Account Num	nber: <u>P113121</u>		
NOTICE IS GIVEN Washington files th Office of Financial F	is lien ir	accordance with t	the provisions of	RCW 43.20B.0	080 and .090. The
All real and pers	sonal pr	operty of the debto	or named above.		
X Only the proper	ty desc	ribed in the Legal [	Description section	on above.	
Estate Recovery Program			Melinda Rid	ce	
Contact			Authorized Representative		
1-800-562-6114			•		Health Services
Telephone Number			03/02/2009		
In reply, refer to:			Date		

Case#

051004461

ER