

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 J AYRE				, also known as or	
doing business as:					1	
	DOB:	06/21/1950	SSN:	XXX-XX-742	<u>8</u>	
Grantee or Creditor:		, Financial Services				
Legal Description:	THAT PORTION OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 36, TOWNSHIP 34 NORTH, RANGE 2 EAST, W.M., DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTHEAST CORNER OF LOT 1, BLOCK 27, "MAP OF SYNDICATE ADDITION TO THE TOWN OF LA CONNER, SKAGIT CO., WASH.", AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 109, RECORDS OF SKAGIT COUNTY, WASHINGTON; THENCE SOUTH 59 DEGREES 48' EAST, 200 FEET; THENCE SOUTH 30 DEGREES 12' WEST, 150 FEET; THENCE NORTH 59 DEGREES 48' WEST, 200 FEET TO THE EAST LINE OF SAID "MAP OF SYNDICATE ADDITION TO THE TOWN OF LA CONNER, SKAGIT CO., WASH."; THENCE NORTH 30 DEGREES 12' EAST, 150 FEET TO THE POINT OF BEGINNING AKA: 800 FINLEY LANE					
Assessor's Property	у Тах Р	arcel Account Numb	per: P20878	<u> </u>		
Washington files th	is lien ir	EIS debt owed to the accordance with the ry files a lien for an	ne provisions of	RCW 43.20B.	080 and .090. The	
		roperty of the debtor ribed in the Legal D		Security Contracts		
Estate Recovery Program			Melinda Rid	Melínda Rice		
Contact 1-800-562-6114			Authorized Representative Department of Social and Health Services			
Telephone Number			03/02/2009			
In reply, refer to:	61 EF	२	Date			