

7/1/2009 Page

1 of

1 10:02AM



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:	ARTHUR COLFACK				, also known as or
doing business as:					,
	DOB: 0	8/30/1918	SSN:	XXX-XX-916	<u>7</u>
Grantee or Creditor:	DSHS, Financial Services Administration, Office of Financial Recovery				
Legal Description:	FIRST TO S	SEDRO LOT 4 BLK 74	AKA: 915 Fidalgo St		
Assessor's Property	/ Tax Par	cel Account Num	nber: P76114	\	
NOTICE IS GIVEN Washington files the Office of Financial F	is lien in a	ccordance with	the provisions of	RCW 43.20B.	080 and .090. The
All real and pers	sonal prop	perty of the debto	or named above.		
X Only the proper	ty describ	ed in the Legal [Description section	n above.	
Estate Recovery Pr	ogram		LESA GILB	ERT	<u> </u>
Contact				Representative	
1-800-562-6114			Department	of Social and	Health Services
Telephone Number	•		06/29/2009		
In reply, refer to:			Date	eur i	
Case# 00290552	2 ER	(000002905	522ER23	302 \ \ \ \
DSHS 09-019A (Rev. 06/2003 2 of 2	3)				