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1 8:30AM



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:	DOLORES M HARTZ			, also known as or
doing business as:				· · · · · · · · · · · · · · · · · · ·
	DOB:	07/13/1929	SSN:	XXX-XX-7614
Grantee or Creditor:	-	, at the	3 A	Office of Financial Recovery
Legal Description:	(TITLE ELIMINATION) INCLUDING MANUFACTURED HOME 1978 PARAMOUNT 48X24 SERIAL NUMBER MB0690 WIDNOR DRIVE LOT 23 AKA: 431 WINDOR DR			
Assessor's Property	/ Tax Pa	arcel Account Numi	ber: P54901	<u></u>
Washington files thi	s lien in	accordance with the	ne provisions of	nington and the State of RCW 43.20B.080 and .090. The mount in SKAGIT County on:
All real and pers	sonal pr	operty of the debto	r named above.	
X Only the proper	ty descr	ibed in the Legal D	escription section	on above.
Estate Recovery Pr			Erik Kjesbu	
Contact 1-800-562-6114		Authorized Representative Department of Social and Health Services		
Telephone Number			10/19/2009	
In reply, refer to:			Date	
Case# 00495872	28 ER	· c	00004958	3728ER2302