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1 9:07AM



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:	Carole K Boettcher				, also known as or	
doing business as:					1	
	DOB:	04/26/1934	SSN:	XXX-XX-2826	<u>6_</u>	
Grantee or Creditor:	DSHS	, Financial Service	s Administration	, Office of Final	ncial Recovery	
Legal Description:	(0.3500 ac) DR15 DK1 LOT 1 SHORT PLAT#99-0023 AF#199909130134 LOCATED IN GOVERNMENT LOT 6 & NE1/4 SE1/4					
Assessor's Proper	ty Tax P	arcel Account Num	nber: <u>P22896</u>			
_ `	nis lien ir ncial Red rsonal pi	n accordance with to covery files a lien for roperty of the debto	the provisions of or an undetermin or named above	RCW 43.20B.0 ned amount in S	080 (8) and .090.	
	-	ribed in the Legal [<u> </u>	
Estate Recovery Program			Marlyn Brov			
Contact 1-800-562-6114			Authorized Representative Department of Social and Health Services			
Telephone Number			04/29/2010	04/29/2010		
In reply, refer to:			Date	Date		
Case# 0037705	75 EF	R (TEFRA)				

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