



201008250013

Skagit County Auditor

8/25/2010 Page 1 of 1 9:17AM



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: SHARENE S COSTULIS, also known as or
doing business as: _____

DOB: 01/29/1951 SSN: XXX-XX-0113

Grantee or Creditor: DSHS, Financial Services Administration, Office of Financial Recovery

Legal Description: DK 12 ALL LOT 3 & E 1/2 LOT 4 BLK 79 EXC TH PTN OF E1/2 LOT 4 LY WITHIN FDT BAT NW COR SD E1/2 TH S ALG W LI OF SD E1/2 TAP WHICH IS 5FT S OF NLY MOST SELY COR OF EXIST HOUSE LOC ON W1/2 LOT 4 WHICH PT IS 86FT M/L S OF AS-BUILT C/L ORANGE AVE TH E TAP ON A LI 5FT E OF & PLW TH E LI SD HOUSE LY NLY SD SELY COR TH NLY ALG SD PLL LI & ITS NLY EXT TO S LI OF ORANGE AVE TH W ALG SD S LI TO POB

Assessor's Property Tax Parcel Account Number: P71848

NOTICE IS GIVEN THERE IS debt owed to the State of Washington and the State of Washington files this lien in accordance with the provisions of RCW 43.20B.080 and .090. The Office of Financial Recovery files a lien for an undetermined amount in SKAGIT County on:

- ☐ All real and personal property of the debtor named above.
☒ Only the property described in the Legal Description section above.

Estate Recovery Program

Contact
1-800-562-6114

Telephone Number

In reply, refer to:

Case# **002053698 ER**

Kenneth Washington

Authorized Representative
Department of Social and Health Services
08/20/2010

Date

000002053698ER2302

