

9/7/2010 Page

1 8:37AM



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:	BEATRICE GOMEZ		, also known as or
doing business as:			,
	DOB: 07/11/1953	SSN: _XXX-XX-452	3_
Grantee or Creditor: Legal Description:	DSHS, Financial Services Ac	dministration, Office of Fina	incial Recovery
Assessor's Property	y Tax Parcel Account Number	: P100365	
Washington files thi Office of Financial F	THERE IS debt owed to the Sis lien in accordance with the Recovery files a lien for an uncount property of the debter of	provisions of RCW 43.20B. determined amount in SKA	080 and .090. The
·	sonal property of the debtor na		4.
	ty described in the Legal Desc	cription section above.	manufacture and the second
Estate Recovery Pr	ogram	Shannon Garrick	
Contact 1-800-562-6114 Telephone Number		Authorized Representative Department of Social and	
·		09/01/2010	
In reply, refer to:		Date	
Case# 05107986	66 ER		
	00	00051079866ER2302	
05H5 08-019A (Ppy 06/2003			

OSHS 09-019A (Rev. 06/2003) 2 of 2