

Skagit County Audito

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1 8:38AM



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:	CHARLEY ROBERT SMITH			, also known as or		
doing business as:				1		
	DOB: 08/06/1936	SSN:	XXX-XX-0696	_		
Grantee or Creditor: Legal Description:	DSHS, Financial Services Adr BOWMAN'S C.S.H.W.F. PLAT TO ANA	/ / /		cial Recovery		
Assessor's Property	y Tax Parcel Account Number:	P56793 X	(REFID 3776-00	05-019-0012		
Washington files thi Office of Financial F	THERE IS debt owed to the State is lien in accordance with the property of the debtor nare ty described in the Legal Description.	rovisions of etermined a med above.	RCW 43,20B.08 mount in SKAG	30 and .090. The		
Estate Recovery Pr	ogram	Melinda Ric	e \			
Telephone Number		Authorized Representative Department of Social and Health Services 09/20/2010				
In reply, refer to:	-	Date				
Case# 0028051 7	74 ER	<u>.</u> .				

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