



201011020002
Skagit County Auditor

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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: SHIRLEY M HUSCUSSON, also known as or
doing business as: _____

DOB: 07/14/1948 SSN: XXX-XX-8184

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

Legal Description: TITLE ELIMINATION FOR 2000 SKYLINE) INCLUDING MANUFACTURED HOME 2000 SKYLINE GREENBRIAR 66X28 SERIAL NUMBER 9U910508M MODEL NUMBER 6351CT THE SOUTH 200 FEET OF THE SOUTH HALF OF THE WEST HALF OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER AND ALSO LESS ROADS

Assessor's Property Tax Parcel Account Number: P36295

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# **050586272 ER**

Erik Kjesbu
Authorized Representative
Department of Social and Health Services

10/28/2010
Date

000050586272ER2302

