

Skagit County Auditor

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1 8:34AM



## 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:                         | Beverly Morrow  | , also known as or |
|--|---|--------------------|
| doing business as:                         |   | i                  |
|  | DOB: 12/09/1928 SSN: XXX-XX-065   | <u>1</u>           |
| Grantee or Creditor:                       | DSHS, Financial Services Administration, Office of Financial  | ncial Recovery     |
| Legal Description:                         | VERNON HEIGHTS TO MT VERNON ALL LTS 1 & 2 & N 20 FT LT 3 BLK 11   |                    |
| Assessor's Property                        | y Tax Parcel Account Number: 37630110030005   |                    |
| Washington files the Office of Financial F | THERE IS debt owed to the State of Washington and the is lien in accordance with the provisions of RCW 43.20B. Recovery files a lien for an undetermined amount in SKAC sonal property of the debtor named above.  Ty described in the Legal Description section above. | 080 and .090. The  |
| Estate Recovery Pr                         | rogram Lynn Larsen  |                    |
| Contact<br>1-800-562-6114                  | Authorized Representative Department of Social and  |                    |
| Telephone Number                           | 06/01/2011  |                    |
| In reply, refer to:                        | Date  |                    |
| Case# 05146017                             | <b>76</b> ER  |                    |

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