



201108300010

Skagit County Auditor

8/30/2011 Page

1 of

1 9:01AM

**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: ELEANOR L POWERS, also known as or
doing business as: _____

DOB: 11/16/1913 SSN: XXX-XX-6704

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

Legal Description: (2/03 AC) W 30 RDS OF SW1/4 NW1/4 OF RLY LESS TAX 2 & LESS E 12RDS & TAX 24 & ST TO HWY 10. SURVEY AF#201101100249

Assessor's Property Tax Parcel Account Number: P19727

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# **002722597** ER

Mary Robinson

Authorized Representative

Department of Social and Health Services

08/25/2011

Date

000002722597ER2302

