



201111020025

Skagit County Auditor

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1 10:46AM



**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: LYNDA I SYKORA, also known as or

doing business as: \_\_\_\_\_

DOB: 05/12/1948

SSN: XXX-XX-2505

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

Legal Description: INC M/H 97 FLEETWOOD 48X26 VIN# ORFLV48A51202FW13 CAPE HORN ON THE SKAGIT  
SUBDIV 2 LOT 23 BLK 0

Assessor's Property Tax Parcel Account Number: P63464

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# **002142792** ER

Melinda Rice

Authorized Representative  
Department of Social and Health Services

10/31/2011

Date

000002142792ER2302

