

**Skagit County Auditor** 

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111:07AM



## **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:	LAWRENCE R ZENT		, also known as or
doing business as:			j
	DOB: 11/01/1947	SSN: XXX-XX-400	<u>0_</u>
Grantee or Creditor: Legal Description:	DSHS, Financial Services Adr CEDARGROVE ON THE SKAGIT LT134		
Assessor's Property	/ Tax Parcel Account Number:	P64204	
Washington files the Office of Financial F	THERE IS debt owed to the St s lien in accordance with the pi Recovery files a lien for an unde sonal property of the debtor nar ty described in the Legal Descr	rovisions of RCW 43,20B. etermined amount in SKA0 med above.	080 and .090. The
Estate Recovery Pr	ogram	Erik Kjesbu	<u> </u>
Contact 1-800-562-6114		Authorized Representative Department of Social and	
Telephone Number		01/20/2012	
in reply, refer to:		Date	
Case# 0032180	17 ER		

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