

Skagit County Auditor

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1 8:38AM



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:	DOROTHY FAYE BATES			, also known as or
doing business as:		4.		,
	DOB: 04/06/1935	SSN:	XXX-XX-8406	i <u> </u>
Grantee or Creditor:	DSHS, Financial Services Adr	ministration,	Office of Finan	icial Recovery
Legal Description:	NORTH PARK TO CLEAR LAKE LOT 9 BLK 4 INC M/H UTB3FK7364 NASHUA 62 55X10			
Assessor's Property Tax Parcel Account Number: P74983				
Washington files th Office of Financial f	THERE IS debt owed to the St is lien in accordance with the property of the debtor nar ty described in the Legal Descr	rovisions of etermined a med above.	RCW 43.20B.0 mount in SKAG	80 and .090. The
Estate Recovery Pr	rogram	Debbie Chase		
Contact 1-800-562-6114		Authorized Representative Department of Social and Health Services		
Telephone Number		02/29/2012		
In reply, refer to:	1	Date		
Case# 0510027	69 ER			

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