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1 8:39AM



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:		· ,,	
	DOB: 04/06/1935	्रssn: <u>xxx-xx-</u>	<u>8406</u>
Grantee or Creditor:	DSHS, Financial Services Admi	inistration, Office of F	inancial Recovery
Legal Description:	9.6000 ac) BEG 497.18FT N & 479.63FT W OF E1/4 C SEC 14 TH N 80-20 W 582.56FT TH N 0-30 W710.01FT M/L TO S.R. OF W OF MINKLER RD TH S 86-33 E 484.6FT TH S 71-33 E 90FT ALG S LI RLY R/W TH S 0-30 E PLW E LI O FSEC 14 753.41FT M/L TPB		
Assessor's Property	Tax Parcel Account Number:	P39027	
Washington files thi Office of Financial F	THERE IS debt owed to the States lien in accordance with the processory files a lien for an undet conal property of the debtor name by described in the Legal Descrip	visions of RCW 43.2 ermined amount in Sed above.	0B.080 and .090. The
Estate Recovery Program		Debbie Chase	
Contact 1-800-562-6114 Telephone Number		uthorized Representa	
		2/29/2012	
In reply, refer to:	D	ate	
Case# 0510027 6	69 ER		

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