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Skagit County Auditor

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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: SHIRLEY M MOE, also known as or
doing business as: _____

DOB: 06/04/1925 SSN: XXX-XX-1648

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

Legal Description: TAX 61 BAAP 1041FT E & 166.8FT N OF SW CLT 2 TH N TO S LI 37TH ST PROD TH W 70F TTPB TH S TAP 166.8FT N OF S LI LT 2 TH W60FT TH N TO 37TH ST TH E TPB TOGETHER WITH TAX 32 1/2AAE BAAP 911FT E & 166.8FT N OF SW C LT 2 TH E 60FT TH S TO C/L ALLEY EXT W FR BLK 13 BEALES MAPLE GV TH W ALG C/L TAP S OF TPB TH N TPB. SITUATED IN SKAGIT COUNTY, WASHINGTON

Assessor's Property Tax Parcel Account Number: P33110

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# **050112630** ER

Lynn Larsen

Authorized Representative
Department of Social and Health Services

04/26/2012

Date

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