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1 8:32AM



## **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:	PHYLLIS M WYATT			, also known as or
doing business as:				,
	DOB: 11/27/1950	SSN:	XXX-XX-7244	
Grantee or Creditor: Legal Description:	DSHS, Financial Services Adn 0.4200 ac) TOWNSITE 2ND TO HAMILTO 48X12 Q01 S14 T35 R08			-
Assessor's Property	/ Tax Parcel Account Number:	P73721		
Washington files thi Office of Financial F	THERE IS debt owed to the Sta is lien in accordance with the pr Recovery files a lien for an unde sonal property of the debtor nan ty described in the Legal Descri	ovisions of etermined a ned above.	RCW 43 20B.08 mount in SKAGI	30 and .090. The
Estate Recovery Pr	ogram s	Shannon Ga	arrick	4
Contact 1-800-562-6114			Representative of Social and H	ealth Services
Telephone Number		05/30/2012		
In reply, refer to:	· <u>-</u>	Date		
Case# <b>0034170</b> 2	20 ER			

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