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Skagit County Auditor

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RETURN RECORDING INFORMATION 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

Grantee or Debtor: EZEQUIEL ZAMARRIPA & KARIN, also known as or
doing business as: _____

DOB: 06/12/1944 SSN: XXX-XX-6167

Grantor or Creditor: DSHS, Financial Services Administration, Office of Financial Recovery
Legal Description: MEADOW (THE) PHASE 1, LOT 77, DK17

Assessor's Property Tax Parcel Account Number: P104991

NOTICE IS GIVEN THERE IS debt owned to the State of Washington and the State of Washington
files this lien in accordance with the provisions of RCW 74.04.300 and/or RCW 43.20B.620.

The Office of Financial Recovery files a lien in the amount of \$17,003.64 in SKAGIT County on:

- ☐ All real and personal property of the debtor named above.
☒ Only the property described in the Legal Description section above.

MENTAL HEALTH PROGRAM

CONTACT

1-800-562-6114

TELEPHONE NUMBER

In reply, refer to:
Case #: 389316RR

DSHS 09-019a (REV. 06/2006)

LISA RAYBORN

**AUTHORIZED REPRESENTATIVE
DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

07/20/2012

DATE

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