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1 8:36AM



RETURN TO:

Department of Social and Health Services
Office of Financial Recovery
PO Box 9501
Olympia WA 98507-9501

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor:	Virginia Biernes	, also known as or
doing business as:		
	DOB: 10/12/1929	SSN: <u>XXX-XX-2225</u>
Grantee or Creditor:	DSHS, Financial Services	Administration, Office of Financial Recovery
Legal Description:		38 SECTION 24 TOWNSHIP 35 RANGE 01. SITUATE IN SKAGIT 17 B AVENUE ANACORTES, WA. 98221
Assessor's Property Tax Parcel Account Number: P56369		
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 (8) 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 Pr	rogram	Chris Boyd
Contact 1-800-562-6114		Authorized Representative Department of Social and Health Services
Telephone Number	r	09/04/2012
In reply, refer to:		Date
Case# 05202	22651 ER (TEFRA)	

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