



201209130012  
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: ERNESTINE A TOWNSEND, also known as or  
doing business as: \_\_\_\_\_

DOB: 01/19/1920 SSN: XXX-XX-3380

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

Legal Description: (TITLE ELIMINATION) INCLUDING MANUFACTURED HOME 1989 FUQUA 64X28 SERIAL NUMBER 9580, VISTA TOO DIVISION 1, LOT 17.

Assessor's Property Tax Parcel Account Number: P82895

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# **004453341** ER

Erik Kjesbu  
Authorized Representative  
Department of Social and Health Services  
09/12/2012

Date

000004453341ER2302

