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partment of Social Health Service FSA Financial Services

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:	MARIE F JACOBSON	, al so known as or
doing business as:		,
	DOB: 07/02/1919 SSN: XXX-XX-0234	<u> </u>
Grantee or Creditor:	DSHS, Financial Services Administration, Office of Final	ncial Recovery
Legal Description:	LOT 4, AND THE WEST 25 FEET OF LOT 3, BLOCK 85, MAP OF THE CITY OF ANACORTES, SKAGIT COUNTY, WASHINGTON, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 2 OF PLATS, PAGE 4, RECORDS OF SKAGIT COUNTY, WASHINGTON. L	
	COMMONLY KNOWN AS 1207 17TH ST ANACORTES WA 98221-2354	

Assessor's Property Tax Parcel Account Number: P55482

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.

X 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# 003572001 ER Shannon Garrick

000003572001ER2302

Authorized Representative Department of Social and Health Services 09/18/2012

Date

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