



201301160001
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: DORIS L BIANCHINI, also known as or
doing business as: _____

DOB: 07/26/1917 SSN: XXX-XX-6110

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

Legal Description: SEABREEZE TOWNHOMES III CONDO, UNIT B, UNIT B
Township-Range-Sect: 35-1E-28
Situated in Skagit County

Assessor's Property Tax Parcel Account Number: P116565

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# **051963162** ER

Debbie Chase

Authorized Representative

Department of Social and Health Services

01/11/2013

Date

000051963162ER2302

