

Skagit County Auditor

or

\$32.00

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1 8:35AM



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:	MARJORIE M FOOTE	, also known as or
doing business as:		<u> </u>
	DOB: 03/16/1939 SSN: XXX	-XX-9792
Grantee or Creditor:	DSHS, Financial Services Administration, Office of Financial Recovery	
Legal Description:	LOT 2, RIDGEWOOD NO 1, RECORDED IN VOLUME 9 OF PLA OF SKAGIT COUNTY, WASHINGTON.	ATS, PAGES 68 AND 69, RECORDS
Assessor's Propert	y Tax Parcel Account Number: P68488	<u> </u>
Washington files the The Office of Finan All real and personal and per	THERE IS debt owed to the State of Washingtor is lien in accordance with the provisions of RCW cial Recovery files a lien for an undetermined amusconal property of the debtor named above. ty described in the Legal Description section about	43.20B.080 & 41.05A.090. count in SKAGIT County on:
Estate Recovery Pr	ogram Amy Evans	
Contact 1-800-562-6114	Authorized Repre Department of So	sentative cial and Health Services
Telephone Number	02/10/2014	
In reply, refer to:	Date	
Case# 0522044	63 ER	

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