



Skagit County Auditor

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1 8:31AM



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:	ROBERT WAYNE REED			, also known as or
doing business as:				1
	DOB: <u>04/23/1930</u>	SSN:	XXX-XX-8934	_
Grantee or Creditor:	DSHS, Financial Services Ac	iministration,	Office of Finance	cial Recovery
Legal Description:	ANACORTES LOT 9 BLK 114 ALL 8 & E1/2 OF 9 QUARTER 04 SECTION 13 TOWNSHIP 35 RANGE 01. SITUATE IN SKAGIT COUNTY, WASHINGTON, CKA 1415 10TH ST ANACORTES WA 98221.			
Assessor's Property Tax Parcel Account Number: P55731				
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 & 41.05A.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 Pr	Lynn Larser	1		
Contact 1-800-562-6114		Authorized Representative Department of Social and Health Services		
Telephone Number		08/01/2014		
In reply, refer to:		Date		
Case# 0516500	23 ER			

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