

Skagit County Auditor

\$33.00

10/29/2015 Page

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110:12AM



## 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:	ALICE CARELL SQUIRES			, also known as or
doing business as:				r
	DOB: 05/30/1911	SSN:	XXX-XX-6292	2
Grantee or Creditor:	DSHS, Financial Services A	dministration,	Office of Finan	ncial Recovery
Legal Description:	S25 T36 R2 TAX 8 FROM MEAN COR TH N 85 DEG 59' E 59.27' TH S 1 DEG 65' TO POB BEING LOT 4 OF J.T. SQ ALL LAND LYING BTW ABOVE DESC 1 DEG 30' E 245.88' TO POB BEING L LANDS LYING IN FRONT	S 30' W 245.88" TH UIRES UNRECOR TR & MEAN LINE	1 \$ 84'16' W 59.48' T RDED SUB- DIV OF VV 244.10' TH S 84	TH N 1 DEG 30' E 247. 'N SAMISH BEACH INC. I DEG 16' W 59.49' TH N
Assessor's Property	y Tax Parcel Account Number	r: <u>P46988</u> /		
Washington files thi The Office of Finance	THERE IS debt owed to the S is lien in accordance with the cial Recovery files a lien for a	provisions of n undetermin	RCW 43,20B.0	080 & 41.05A.090.
All real and pers	sonal property of the debtor n	amed above.		41
Only the proper	ty described in the Legal Des	cription section	on above. 🏈	
Estate Recovery Pr	Melinda Ric	e		
Contact 1-800-562-6114 Telephone Number		Authorized Representative Department of Social and Health Services		
		10/26/2015		
In reply, refer to:		Date		
Case# 00391579	92 ER			



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