

Skagit County Auditor 5/25/2017 Page

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\$33.00 1 10:46AM



RETURN TO:
DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)
ECONOMIC SERVICES ADMINISTRATION (ESA)
OFFICE OF FINANCIAL RECOVERY ESTATE RECOVERY (OFR)
PO BOX 9501
OLYMPIA WA 98507-9501

## Notice and Statement of Lien (Estate Recovery)

		- y y		
Grantor or Debtor:	DARLENE SWAYNE			, also known as (aka) or
doing business as	(dba):	<u> </u>		,
	Birth date:	04/04/1941	SSN:	XXX-XX-0125
Grantee or Creditor:	DSHS, Economic Se	ervices Administration (E	SA), Office of	Financial Recovery (OFR)
Legal Description:	TOWNSHIP 34 NORTH, THE EAST AND WEST ( OF SAID SECTION, THE ALONG SAID CENTERL THENCE SOUTH 140 FE	RANGE 4 EAST, W.M., DES CENTERLINE OF SAID. SEC ENCE SOUTH TO THE SOU INE, AS THE SAME EXISTE SET TO THE TRUE POINT OF ENORTH 190 FEET; THEN	SCRIBED AS FOL TION 29 WHICH TH LINE OF THE O ON FEBRUAR OF BEGINNING 1	HWEST 1/4 OF SECTION 29, LOWS: BEGINNING AT A POINT ON IS 198 FEET EAST OF THE CENTER ROAD WHICH RUNS EAST AND WEST Y 21, 1953; TEHNCE EAST 60 FEET; THENCE SOUTH 190 FEET; THENCE IT TO THE POINT OF BEGINNING.
Assessor's Propert	y Tax Parcel Accour	nt Number: P2822	22	SCHOOLS AND A SCHOOL AND A
files this lien in acc		visions of RCW 43.2	20B.080 & 41	d the State of Washington 1.054.090. The DSHS Office T County on:
All real and per	rsonal property of the	e debtor named abo	ve.	
X Only the prope	rty described in the I	_egal Description se	ction above.	
Estate Recovery P	rogram	<u>Melinda Ri</u>	ice	
CONTACT			D REPRESENT	
1-800-562-6114		DEPARTME	NT OF SOCIAL	AND HEALTH SERVICES
TELEPHONE NUMBER	₹		7	
in reply, refer to:		Date		
Case Number: 0	02737560 ER			
NOTICE AND STATEMEN	T OF LIEN	***   ****   ***	:= = E = E = 1   E     E	

NOTICE AND STATEMENT OF LIEN (ESTATE RECOVERY)
DSHS 09-019A (Rev. 04/2014)

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