201912300020

12/30/2019 08:56 AM Pages: 1 of 1 Fees: \$39.00 Skagit County Auditor



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)

Grantor or Debtor:	SILVIA AVILES				, also known as (aka) or			
doing business as	(dba):						,	
	İ	Birth date:	07/14/1	963	SSN:	XXX-XX-6435		
Grantee or Creditor:	DSHS,	DSHS, Economic Services Administration (ESA), Office of Financial Recovery (O						
Legal Description:	County: Census Townsh	Legal Description: PARTINGTON PLACE DIV 1, LOT 11 County: SKAGIT, WA APN: P100346 Census Tract / Block: 9524.02 / 1 Alternate APN: 45600000110000 Township-Range-Sect: 34-4E-21 Subdivision: PARTINGTON PLACE Legal Book/Page: Map Reference: 34N-04E-21-SW / 04E-34N-21-SW						
Assessor's Property Tax Parcel Account Number: P100346								
NOTICE IS GIVEN files this lien in acc of Financial Recove	ordance	with the pro	visions o	f RCW 43.20B.	080 & 4	1.05A.090. The D	shington SHS Office	
All real and personal property of the debtor named above.								
X Only the property described in the Legal Description section above.								
Estate Recovery Program				Melinda Rice				
CONTACT			_	AUTHORIZED RE			1050	
1-800-562-6114				DEPARTMENT OF	SOCIAL	AND HEALTH SERV	ICES	
TELEPHONE NUMBER				12/23/2019				
In reply, refer to:				Date	_			
Case Number: 0	0203399	5 ER						
NOTICE AND STATEMEN	TOFLIEN		1-					

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