



199910220057

Kathy Hill, Skagit County Auditor

10/22/1999 Page 1 of 1 11:07:32AM

RETURN TO:  
Department of Social and Health Services  
Office of Financial Recovery  
P O Box 9501  
Olympia, Washington 98507-9501



## NOTICE AND STATEMENT OF LIEN ESTATE RECOVERY

GRANTOR/DEBTOR: GADBOIS, ARTHUR

CASE NUMBER: 003655224

GRANTEE/CREDITOR: DSHS, Office of Financial Recovery

LEGAL DESCRIPTION: OPEN SPACE #30 #752106 1973 - TRF #807060 TAX 2 BEG AT SE COR OF NW 1/4 OF SEC 11 TH N 40 RDS W 436' TH NW 1/4 LY 1394 TO A PT 436' E OF W LINE OF NE 1/4 OF NW 1/4 TH W 436' TH S TO S L1 OF NW 1/4 TH E TPB LESS PTN TO SK CO AF #828566 1AC TR & HOUSE IN AAV DESC TR

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(S): P24504 TAX # 340411-0-004-0017

NOTICE IS HEREBY GIVEN THAT the State of Washington, Department of Social and Health Services, hereby asserts a lien for the amount of medical assistance or state funded long-term care, or both, paid on behalf of ARTHUR GADBOIS a deceased person. The said department asserts this lien under the authority of RCW 43.20B.080, against the estate of the above named deceased person, and in particular against the above described real property located in SKAGIT County, Washington.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

*Peggy J. DeMiero*  
\_\_\_\_\_  
Authorized Representative

Phone: (360) 425-1025

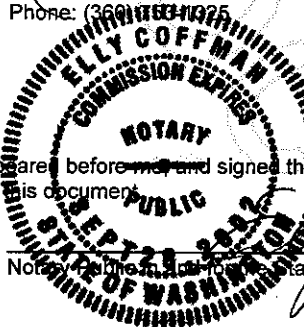
State of Washington

ss.

County of Thurston

I certify that *Peggy J. DeMiero* appeared before me and signed this instrument as a DSHS officer and as his/her free and voluntary act for the purposes mentioned in this document.

Dated: October 19, 1999



*Elly Coffman*  
\_\_\_\_\_  
Notary Public, State of Washington

NOTICE AND STATEMENT OF LIEN ESTATE RECOVERY  
DSHS 12-XXX (12/1996)

My appointment expires: 09-28-2002