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



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, Skagit County Auditor
4/16/2001 Page 1 of 1 12:21:23PM



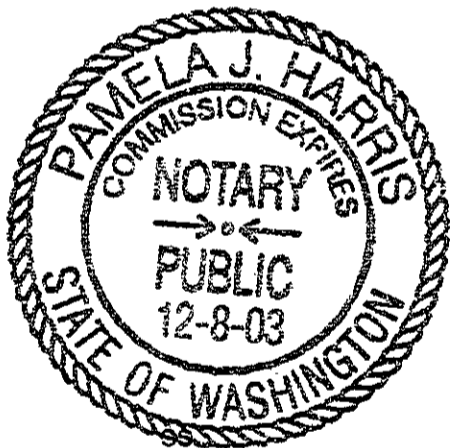
NOTICE AND STATEMENT OF LIEN ESTATE RECOVERY

GRANTOR/DEBTOR: YARBROUGH, JOYCE W
CASE NUMBER: 29-P-6154020
GRANTEE/CREDITOR: DSHS, Office of Financial Recovery

LEGAL DESCRIPTION: OPEN SPACE 336 AF#794418 1975 SUN RIVER RANCHETTS THAT PORTION OF LOT 5 DEFINED AS FOLLOWS: THE EASTERLY 115 FEET AS MEASURED AT RIGHT ANGLE TO E LINE OF LOT 5 EXCEPT S 200 FEET TOGETHER WITH LOT 6 EXCEPT THE WESTERLY 85 FEET OF S 200 FEET.

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(S): P83479

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 **JOYCE W YARBROUGH** a deceased person. The said department asserts this lien under the authority of RCW 43.20B.080 and .090, against the estate of the above named deceased person, and in particular against the above described real property located in **SKAGIT** County, Washington.



State of Washington

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Peggy Demiero
PEGGY DÉMIÉRO, Authorized Representative
Phone: (360) 664-5700

County of Thurston

I certify that Peggy 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: April 11, 2001

Pamela J. Harris
Notary Public in and for the State of Washington

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

My appointment expires: 12-8-03