



200104160130

, Skagit County Auditor

4/16/2001 Page 1 of 1 12:21:49PM

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: YARBROUGH, JOYCE W

CASE NUMBER: 29-P-6154020

GRANTEE/CREDITOR: DSHS, Office of Financial Recovery

LEGAL DESCRIPTION: (TITLE ELIMINATION) INC M/H 93 MARLETTE 42X28 S/N H006768 PORTION OF LOTS 5 & 6 SUN RIVER RANCHETTS DESCRIBED AS FOLLOWS THE ELY 115 FT (AS MEASURED AT RIGHT ANGLES TO ELY LINE) OF SLY 200 FT (AS MEASURED TO RIGHT ANGLES TO THE SLY LINE) OF LOT 5 ALSO THENCE WLY 85 FT (AS MEASURED TO RIGHT ANGLE TO THE WLY LINE) OF THE SLY 200 FT (AS MEASURED AT RIGHT ANGLES TO THE SLY LINE) OF LOT 6.

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(S): P 101135

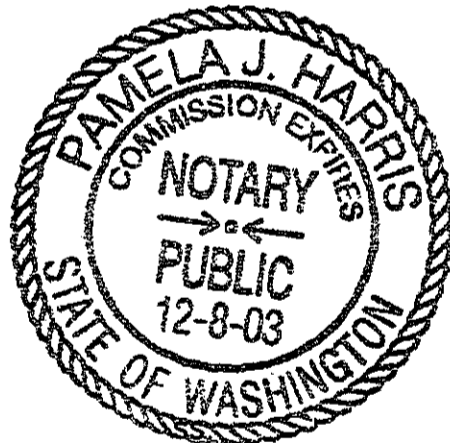
NOTICE IS HEREBY GIVEN THAT the State of Washington, Department of Social and Health Services, hereby asserts a lien for the amount of medical assistance or state funded long-term care, or both, paid on behalf of **JOYCE W YARBROUGH** a deceased person. The said department asserts this lien under the 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.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

*Peggy G. Demiero*

PEGGY DEMIERO, Authorized Representative  
Phone: (360) 664-5700

State of Washington



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 12, 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