



RETURN TO:

Department of Social and Health Services
Finance Division
Office of Financial Recovery
PO Box 9501
Olympia WA 98507-9501



200208020036
Skagit County Auditor

8/2/2002 Page 1 of 1 9:59AM

**NOTICE AND STATEMENT OF LIEN
ESTATE RECOVERY**

GRANTOR/DEBTOR: **BOYD, DALE O**

CASE NUMBER: 004298639

GRANTEE/CREDITOR: DSHS, Finance Division, Office of Financial Recovery

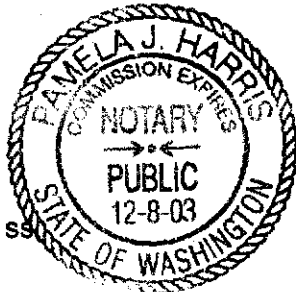
LEGAL DESCRIPTION:

M/H ONLY 1994 GOLDENWEST PARK MODEL 11X35 SERIAL #GTP3522RP154059 ON P30169 LOCATED IN NW 1/4 OF THE SE 1/4: EXCEPT ROAD; ALSO EXCEPT PORTION LOT 2 SHORT PLAT 38-77 DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTHEAST CORNER LOT 2 OF SAID SHORT PLAT THENCENORTH 89-40-03 WEST ALONG SOUTH LINE OF SAID LOT 2 A DISTANCE OF 630.32 FEET THENCE NORTH 0-17-42 WEST A DISTANCE OF 689.60 FEET THENCE SOUTH 39-40 AKA: 12490 WAYWARD WAY; CLEARLAKE WA 98235-0526

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(S): **P109464**

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 DALE O BOYD, 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 J. De Miero
Peggy J De Miero, AUTHORIZED REPRESENTATIVE
(360) 664-5700 (Olympia)
1-800-562-6114 (Toll Free)

State of Washington

County of Thurston

I certify that Peggy J De Miero 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: 8/1/2002

Pamela J. Harris
Notary Public in and for the State of Washington
(Expires) 12-8-03