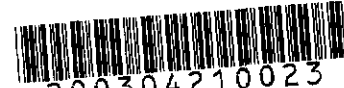




RETURN TO:

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



200304210023
Skagit County Auditor

4/21/2003 Page 1 of 1 9:11AM

**NOTICE AND STATEMENT OF LIEN
ESTATE RECOVERY**

GRANTOR/DEBTOR: **CARPENTER, ELENORA A**
CASE NUMBER: **004100977**

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

LEGAL DESCRIPTION: **SHEA' S TO LYMAN 1& 2 & N 26FT OF 3 BLK 1 AKA: 8132 LYMAN AVE LYMAN WA 98263**

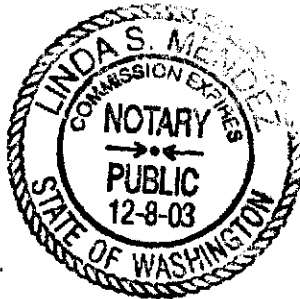
ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(S): **P74563**

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, 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

Kenneth Washington

KENNETH WASHINGTON, AUTHORIZED REPRESENTATIVE
(360) 664-5700 (Olympia)
1-800-562-6114 (Toll Free)



State of Washington

ss.

County of Thurston

I certify that KENNETH WASHINGTON 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: 4/15/2003

Linda S. Mendez
Notary Public in and for the State of Washington

My appointment expires: 12-8-03