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

	NOTICE AN	U STATEMENT C	)F LIEN	
Grantor or Debtor:	FOX, LYLE W		, also known as or	
doing business as:	<b>*</b>			
S	SN: XXX-XX-4213	DOB:	UBI#:	
Grantee or Creditor: Legal Description:	DK12) LOT 1 AND LOT FEET OF LOT 2 SHORT	2 SHORT PLAT 92-3 PLAT 30-92 RECOF	Office of Financial Recovery 0, EXCEPT THE WEST 150 RDED UNDER AF#9210190149 F SEC 6, TWP 34, RNG 4	
Assessor's Prope	rty Tax Parcel Account	Number: <u>P23729</u>		
			shington and the State of of 42 USC 1396 P and WAC 988-	
All real and pe	ancial Recovery files a li- rsonal property of the de erty described in the Leg	ebtor named above		
Estate Recovery Program		KENNETH WA	KENNETH WASHINGTON	
Contact			Authorized Representative	
1-800-562-6114			Department of Social and Health Services	
Telephone Number		11/30/05		
		Date		
In reply, refer to:				
Case# ER 0046	69705			

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