

3/28/2007 Page

1 of

1 10:02AM



RETURN TO:

DSHS: 09-019A (06/2003) 2 of 2

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

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor:	SHARON K SILVERNAIL			, also known as or
doing business as:				1
	DOB: 01/07/1945	SSN:	XXX-XX-5495	<u>5</u>
Grantee or Creditor:	DSHS, Financial Services A	Administration	, Office of Finar	ncial Recovery
Legal Description:	ROD & REEL TRS LOT 7 AKA: 24331 S SKAGIT HWY			
Assessor's Propert	y Tax Parcel Account Numbe	er: P68533		
Washington files th	THERE IS debt owed to the is lien in accordance with the Recovery files a lien for an ur	provisions of	RCW 43.20B.0)80 and .090. The
All real and per	sonal property of the debtor r	named above.	$V = V_{\infty}$	
X Only the proper	rty described in the Legal Des	scription section	on above.	
Estate Recovery P	rogram	Melinda Ric	e (/	<u> </u>
Contact 1-800-562-6114			Representative	Health Services
		03/15/2007	North Control	Color
Telephone Number				
In reply, refer to:		Date		
Caco# 00301250	SE ED			

