



200804180115
Skagit County Auditor

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RETURN TO:

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: HARVEY H BERNHARDT, also known as or
doing business as: _____

DOB: 06/29/1908 SSN: XXX-XX-0751

Grantee or Creditor: DSHS, Financial Services Administration, Office of Financial Recovery
Legal Description: N P TO ANA W 20' OF LT 3 ALL OF 4 & E 20' OF 5 BLK 502 AKA: 3007 OAKES AVE

Assessor's Property Tax Parcel Account Number: P58402

NOTICE IS GIVEN THERE IS debt owed to the State of Washington and the State of Washington files this lien in accordance with the provisions of RCW 43.20B.080 and .090. The Office of Financial Recovery files a lien for an undetermined amount in SKAGIT County on:

- All real and personal property of the debtor named above.
- Only the property described in the Legal Description section above.

Estate Recovery Program

Contact
1-800-562-6114

Telephone Number

LESA GILBERT

Authorized Representative
Department of Social and Health Services
04/15/2008

Date

In reply, refer to:

Case# **002687804** ER

DSHS: 09-019A (06/2003)
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