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## **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:	IRENE N JOHNSON			, also known as or	
doing business as:				,	
	DOB:	01/12/1919	SSN:	XXX-XX-3635	_
Grantee or Creditor:	DSHS	, Financial Services A	dministration,	, Office of Finan	cial Recovery
Legal Description:	SEDRO E 10 FT OF 7 ALL 8 BLK 3 AKA: 527 NELSON ROAD				
Assessor's Proper	ty Tax P	arcel Account Numbe	r. <u>P75283</u>		
Washington files the Office of Financial  All real and per	nis lien ir Recove rsonal pi	EIS debt owed to the solution accordance with the ry files a lien for an un roperty of the debtor no ribed in the Legal Des	provisions of determined a amed above.	RCW 43.20B.0	80 and .090. The
Estate Recovery Program			Shannon Kenelty		
Contact 1-800-562-6114			Authorized Representative Department of Social and Health Services		
Telephone Number In reply, refer to:			08/12/2008	<u> </u>	
			Date		
Case# 0507601	81 EF	₹			