

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

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

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor:	RUTH A ANTHONY			, also known as or
doing business as:				,
	DOB: 10/09/1915	SSN:	XXX-XX-5664	_
Grantee or Creditor:	DSHS, Financial Services Ac	dministration,	Office of Finan	cial Recovery
Legal Description:	(0.3900 ac) BAT INT OF E LI INDIAN R E 130FT TH SE TAP ON S LI SD SEC	D WIS LISD SEC 130FT E OF E LI I	C 12 TH NW ALG E L INDIAN RD TH W AL	LINDIAN RD 150FT 1H LG S LI SEC POB
Assessor's Property Tax Parcel Account Number: P45145				
Washington files th Office of Financial I	THERE IS debt owed to the S is lien in accordance with the Recovery files a lien for an un	provisions of determined a	RCW 43.20B.0	Bu and Jusu. The
All real and personal property of the debtor named above.				
X Only the property described in the Legal Description section above				
Estate Recovery Pr	rogram	Melinda Ric	e 🤇 🦯	
Contact 1-800-562-6114		Authorized I Department	Representative of Social and I	Health Services
Telephone Number	r	06/25/2010		
In reply, refer to:		Date		
Case# 00254199	93 ER 00	0002541	993ER23	02 📏 📏 🔨
DSHS 09-019A (Rev. 06/200				