

FILED FOR RECORD
SKAMANIA CO. WASH
BY DSHS State of WA

MAR 31 1 34 PM '97

AUDITOR
CARL M. OLSON

127731

RETURN TO:
Department of Social and Health Services
Office of Financial Recovery
P O Box 9501
Olympia, Washington 98507-9501

BOOK 163 PAGE 880



NOTICE AND STATEMENT OF LIEN
ESTATE RECOVERY

GRANTOR/DEBTOR: ELLENBERGER, AUDREY L.

CASE NUMBER: 13-A-010259-0

GRANTEE/CREDITOR: DSHS, Office of Financial Recovery

LEGAL DESCRIPTION: Beginning at a point on the East right of way line of Chesser Road, said point being 370.9 feet South and 310 feet West of the center of Section 36, Township 3 North, Range 7 East of the Willamette Meridian, as established; thence North 99 feet along said right-of-way line; thence East 110 feet; thence south 14° 31' East 102.27 feet; thence West 105.6 feet to the point of beginning.

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(S): 030736131700

NOTICE IS HEREBY GIVEN THAT the State of Washington, Department of Social and Health Services, hereby asserts a lien for the amount of medical assistance or state funded long-term care, or both, paid on behalf of AUDREY L. ELLENBERGER, deceased person. The said department asserts this lien under the authority of RCW 43.20B.080, against the estate of the above named deceased person, and in particular against the above described real property located in SKAMANIA County, Washington.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

State of Washington

Authorized Representative
Phone: (360) 753-1325

County of Thurston

I certify that Iva A. Rivera appeared before me, and signed this instrument as a DSHS officer and as his/her free and voluntary act for the purposes mentioned in this document.

Dated: March 25, 1997

NOTARY PUBLIC
State of Washington
LINDA M. SIMPSON
My appointment expires: 08/08/00

NOTICE AND STATEMENT OF LIEN ESTATE RECOVERY
DSHS 12-200X (12/1996)

State of Washington
Notary Public
Linda M. Simpson
My appointment expires: 08/08/00