



Washington State
DEPARTMENT OF
SOCIAL & HEALTH
SERVICES

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

FILED FOR RECORD
SPAMANA, CO. WAS
BY DSHS

P. Lowry
AUDITOR

J. MICHAEL GARVISON

GRANTOR/DEBTOR: BROWN, FRANCES M
CASE NUMBER: 004401614

GRANTEE/CREDITOR: DSHS, Finance Division, Office of Financial Recovery

LEGAL DESCRIPTION:

LOT 6 BLOCK 7 RELOCATED NORTH BONNEVILLE AKA: 706 FORT RAINES; N BONNEVILLE WA 98639

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(S): 020720430600

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 FRANCES MBROWN, a deceased person. The said department asserts this lien under the authority of RCW 43.20B.030 and .090, against the estate of the above named deceased person, and in particular against the above-described real property located in SKAMANIA County, Washington



State of Washington

County of Thurston

I certify that Peggy De Miero 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: 1/28/2002

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Peggy DeMicro, AUTHORIZED REPRESENTATIVE
(360) 664-5700 (Olympia)
1-800-562-6114 (Toll Free)

Notary Public in and for the State of Washington

My appointment expires: