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A PARTIES

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

BOOK 231 PAGE 879

FILED FOR RECORD SKAMANIA DE WASH BY DSHS

Nov 6 L 47 PM '02

OCTURY

ADDITOR

J. MICHAEL GARVISON

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Section!

## NOTICE AND STATEMENT OF LIEN ESTATE RECOVERY

GRANTOR/DEBTOR: JANOVEC, JOACHIM J

CASE NUMBER: 003190625

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

LEGAL DESCRIPTION:

The North half of the Southwest Quarter of Section 29, Range 5 East of the Willamette Meridian, together with a certain triangular tract described as follows: Beginning at a Section 19, Township 2 North, Kange 5 Eest of the Willamette Meridian, ThenceNorth 50 48 West a fit of 10 to 10 to

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(S): Parcel 1:02-05-20-0-0-070000, Parcel 2: 02-05-20-0-070080 Parcel 3: 02-05-20-0-070081 Parcel 4: 02-05-20-0-0-070082

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 JANOVEC, JOACHIM J, a deceased person. The said department asserts this lien under the authority of RCW 43.20B.080 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

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

State of Washington

KENJETH WASHINGTON, AUTHORIZEI REPRESENTATIVE

(360) 664-5700 (Olympia) 1-800-562-6114 (Toll Free)

County of Thurston

I certify that **KENNETH WASHINGTON** 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: 10/28/02 -

Motary Public in and for the State of Washington

My appointment expires: 08/08/204

DSHS 09-819 (09/2001) - TRANSLATED