

147370

RETURN TO:

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

FILED FOR RECORD
 SKAMANIA CO WASH
 BY DSHS

JAN 24 12 34 PM '03

Patricia
 J. MICHAEL PATRICK

**NOTICE AND STATEMENT OF LIEN
 ESTATE RECOVERY**

GRANTOR/DEBTOR: ELLIOTT, JAMES A

CASE NUMBER: 004434932

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

LEGAL DESCRIPTION: LEGAL 1: TOWNSHIP 3 RANGE 7 SECTION 25 NW 1/4, VOLUME 171 PAGE 687
 LEGAL 2: LOT 1 OF HILLSIDE SHORT PLAT TOWNSHIP 3 RANGE 7 SECTION 25 BOOK 3 PAGE 113

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(S): PARCEL 1:
 030725200119 PARCEL 2: 030725200120

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, 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

Kenneth Washington

KENNETH WASHINGTON, AUTHORIZED

REPRESENTATIVE

(360) 664-5700 (Olympia)

1-800-562-6114 (Toll Free)

State of Washington



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: 1/16/2003

Linda Mendenhall
 Notary Public in and for the State of Washington

My appointment expires: 12-8-03