

Name: JACOB AALVIK

Case Number: 23-A-039491-0

NOTICE AND STATEMENT OF LIEN

121469

(ESTATE RECOVERY)

BOOK 147 PAGE 921

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 paid on behalf of JACOB AALVIK, a deceased person who was over fifty-five years of age when such assistance was paid. 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 following described real property located in SKAMANIA County, Washington:

PARCEL # 3-7-36-1-1200 TOWNSHIP 3, RANGE 7, SECTION 36, RECORDED IN VOLUME 32, PAGE 460

CKA: MPO 38L GROPPER

PARCEL # 3-7-36-4-2500 TOWNSHIP 3, RANGE 7, SECTION 36, RECORDED IN VOLUME 124, PAGE 742

CKA: 137 N.W. WILLARD

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Peggy J. De Miero

PEGGY J. DE MIERO

FINANCIAL RECOVERY ENFORCEMENT OFFICER

State of Washington

ss.

County of Thurston

I certify that I know or have satisfactory evidence that PEGGY J. DE MIERO signed this instrument, in oath stated that SHE was authorized to execute the instrument and acknowledged it as an officer of the Department of Social and Health Services to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Date: January 13, 1995

Shirley A. Finn

Notary Public in and for the State of Washington.

My appointment expires 12-27-95

RETURN TO:

Department of Social and Health Services

Office of Financial Recovery

P.O. Box 9501

Olympia, Washington 98504-9501

Phone: (206) 753-1325 or 1-800-562-6114 (Washington Toll Free)

Non English: 1-800-452-2334

TDD: (206) 753-0343

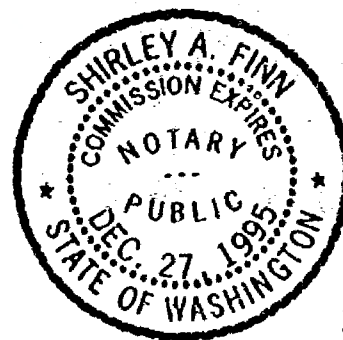
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SKAMANIA CO. WASH
BY State of WA, DSHS

JAN 17 2 17 PM '95

P. Johnson

AUDITOR

GARY M. OLSON



ERLL.1A (10/94)

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