

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

MAR 31 1 34 PM '97

P. Johnson
AUDITOR
GARY 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: 98-A-010159-0

GRANTEE/CREDITOR: DSHS, Office of Financial Recovery

LEGAL DESCRIPTION: Beginning at a point on the East right of way line of Chessier 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 98 feet along said right-of-way line; thence East 110 feet; thence south 14° 31' East 102.27 feet; thence West 135.6 feet to the point of beginning.

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(S): 030736131706

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 a 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

Ira A. Rivera
Authorized Representative
Phone: (360) 753-1325

State of Washington

County of Thurston

I certify that Ira 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 28, 1997

NOTARY PUBLIC
State of Washington
LINDA M. SIMPSON

Linda M. Simpson
Notary Public in and for the State of Washington

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

My appointment expires: 08/08/00

Reviewed by _____
Signed by _____
Noted _____
Noted _____