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SKAMANA COUNTY WASH
BY DSHS

SEP 28 10 52 AM '99

G. Moser
ASSessor
GARY M. OLSON

RETURN TO:
Department of Social and Health Services
Office of Financial Recovery
P O Box 9501
Olympia, Washington 98507-9501



NOTICE AND STATEMENT OF LIEN
ESTATE RECOVERY

GRANTOR/DEBTOR: KIGER (CARL), BARBARA J

CASE NUMBER: 002886132

GRANTEE/CREDITOR: DSHS, Office of Financial Recovery

LEGAL DESCRIPTION: Township 3 Range 10 Section 15 Lot 1901

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(S): 03-10-15-0-0-1901-00

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 BARBARA J KIGER (CARL) a deceased person. The said department asserts this lien under the authority of RCW 43.20B.060, against the estate of the above named deceased person, and in particular against the above described real property located in SKAMANA County, Washington.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

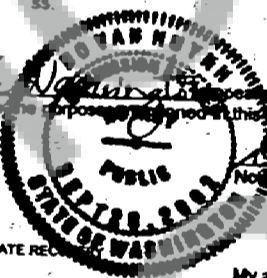
Kenneth Washington
Authorized Representative
Phone: (360) 753-1325

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 intended in this document.

Dated: September 22, 1999



[Signature]
Notary Public in and for the State of Washington

NOTICE AND STATEMENT OF LIEN ESTATE RECOVERY
DSHS 12-1000 (12/1998)

My appointment expires: 09-28-02

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