RETURN TO:

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

800K 220 PAGE 102

FILED FOR REGORD SFAYING LESS WASH BY DSHS

FEB 4 3 49 PH 'DZ PLOWY ATTEMPOR

J. MICHAEL CARVISON

NOTICE AND STATEMENT OF LIEN **ESTATE RECOVERY**

GRANTOR/DEBTOR: BROWN, FRANCES M

CASE NUMBER: 004401614

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

LEGAL DESCRIPTION:

LOT 6 BLOCK 7 RELOCATED NORTH BONNEVILLE AKA: 706 FORT RAINES; N BONNEVIELLE WA 98639

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(S): 020720430600

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 FRANCES MBROWN, 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

State of Washington

County of Thurston

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Peggy De Micro AUTHORIZED REPRESENTA

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

I certify that Peggy De Miero 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: 1/28/2002

Notary Public in and for the State of Westington

My appointment expires: 12-8-03

-819 (69/2901) - TRANSLATED