

0147370
XIV

BOOK 235 PAGE 994

RETURN TO:

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

FILED
SHS
DSHS

JAN 24 12 34 PM '03

Galaxy
J. MICHAEL J. JONSON

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

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



DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Kenneth Washington
KENNETH WASHINGTON, AUTHORIZED
REPRESENTATIVE

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

Linda S. Mendez
Notary Public in and for the State of Washington

My appointment expires: *12-8-03*