



Doc # 2004154789
Page 1 of 1
Date: 10/14/2004 01:28P
Filed by: DSHS
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$19.00

RETURN RECORDING INFORMATION TO:

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

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: ESSEX JR, TIM E, also known as or
doing business as: _____

SSN: XXX-XX-0714 DOB: _____ UBI#: _____

Grantee or Creditor: DSHS, Financial Services Administration, Office of Financial Recovery
Legal Description: _____

Assessor's Property Tax Parcel Account Number: _____

NOTICE IS GIVEN THERE IS debt owed to the State of Washington and the State of Washington files this lien in accordance with the provisions of RCW 74.04.300 and 43.20B.620. The Office of Financial Recovery files a lien in the amount of \$5,559.00 in SKAMANIA County on:

- ☒ All real and personal property of the debtor named above.
☐ Only the property described in the Legal Description section above.

Client Recovery Program

Contact
1-800-562-6114
Telephone Number

FREDERICK O CAIN

Authorized Representative
Department of Social and Health Services
10/8/2004
Date

In reply, refer to:
Case# **0714 CRU**