



Doc # 2004155247
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Date: 11/18/2004 12:53P
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: EMERSON, ELMO H, also known as or
doing business as: _____

SSN: XXX-XX-4663 DOB: _____ UBI#: _____

Grantee or Creditor: DSHS, Financial Services Administration, Office of Financial Recovery
Legal Description: LOT 3 BLOCK 7 RELOCATED NORTH BONNEVILLE AKA: 703 FORT RAINS
ST; NORTH BONNEVILLE WA 98639

Assessor's Property Tax Parcel Account Number: 02-07-20-4-3-0300-00

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 43.20B.080 and .090.

The Office of Financial Recovery files a lien for an undetermined amount in SKAMANIA County on:

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

Estate Recovery Program
Contact
1-800-562-6114
Telephone Number

KENNETH WASHINGTON
Authorized Representative
Department of Social and Health Services
11/15/2004
Date

In reply, refer to:
Case# 003451978 ER