



RETURN 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: KISS MARJORIE T, also known as or
doing business as: _____

SSN: XXX-XX-3039 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/or RCW 43.20B.620.

The Office of Financial Recovery files a lien in the amount of \$ 6,939.20 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 Ext. 45532

Authorized Representative
Department of Social and Health Services
12/01/05

Date

In reply, refer to:
Case# **CRU 3039**