

Doc # 2005159768
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Date: 12/05/2005 04:07P
Filed by: DSHS
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$32.00



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: LACOSS FAYE D AND JAMES D LACOSS, also known as or
doing business as: _____,
SSN: XXX-XX-8093 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 \$ 2,066.00 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

WM E HULSE Ext. 45537
Authorized Representative
Department of Social and Health Services
12/02/05
Date

In reply, refer to:
Case# **CRU 8093**