

Doc # 2007167409
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Date: 08/27/2007 02:31P
Filed by: DEPT OF SOCIAL & HEALTH SVC
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$41.00



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: ESTELLA J YOUTSEY, also known as or
doing business as: _____

DOB: 09/22/1936 SSN: XXX-XX-9504

Grantee or Creditor: DSHS, Financial Services Administration, Office of Financial Recovery
Legal Description: AKA: 51 FIR LN

Assessor's Property Tax Parcel Account Number: 03091130140100

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

Ellen Korslund

Authorized Representative

Department of Social and Health Services

08/24/2007

Date

In reply, refer to:

Case# **003744540** ER

DSHS: 09-019A (06/2003)
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Washington State
Department of Social
& Health Services

Office of Financial Recovery
Filing with County Auditor Summary

FSA Financial Services
Administration

County	Debtor	OFR Account#	County Recording Number	Recording Date	Filing Type	Total Owed
SKAMANIA	ESTELLA J YOUTSEY	ER 003744540			Lien	\$40.00

