Doc # 2008168775

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Date: 1/22/2008 01:05P

Filed by: DEPT OF SOCIAL & HEALTH SERVIC

Filed & Recorded in Official Records
of SKAMANIA COUNTY

SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON

Fee: \$42.80



RETURN TO

Department of Social and Health Services Financial Services Administration Office of Financial Recovery PO Box 9768 Olympia WA 98507-9768

	MOTICE AND 3	A LEIMEL	VI OF LIEN
Grantor or Debtor:	MCFALL DAVID J & DEN	IISE R	, also known as or
doing business as:		<u> </u>	
		_	
	DOB: <u>6/29/1962 & 1/16/1</u>	<u>959</u> SSN:	XXX-XX-4911
Grantee or Creditor: Legal Description:	DSHS, Financial Services LOT 2 ROSENBACH SP 19	3 Administra 84 BIRKSHI	ation, Office of Financial Recovery RE FLTW 60X27
Assessor's Prope	rty Tax Parcel Account Nur	nber: _030	082120290700
Washington files The Office of Fina on: All real and pe	this lien in accordance with	the provision the amount or named a	int of \$ 85,426.67 in SKAMANIA County bove.
MENTAL HEALTI	Η	COLLEEN	K SNIDER
Contact			d Representative
1-800-562-6114		•	nt of Social and Health Services
Telephone Numb	er	1/15/2008	
		Date	
In reply, refer to:			

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Case# 388067 RR