



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: MARY FINCK, also known as or
doing business as: _____

DOB: 08/14/1918 SSN: XXX-XX-8168

Grantee or Creditor: DSHS, Financial Services Administration, Office of Financial Recovery

Legal Description: LOT 15 OF WASHOUGAL SUMMER HOME TRACTS BK A/PG 78 96 FLEETWOOD 27X44
WAFLS31A13063

Assessor's Property Tax Parcel Account Number: 02053140110000

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

Lynn Larsen

Authorized Representative
Department of Social and Health Services

04/05/2010

Date

In reply, refer to:

Case# **004633193 ER**

000004633193ER2302

