AFN #2011179633 Recorded 12/12/2011 at 11:17 AM DocType: LIEN Filed by: DEPT OF SOCIAL & HEALTH SVCS Page: 1 of 1 Auditor Timothy O. Todd Skamania County, WA



## **RETURN TO:**

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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:	LLOYD J DUNAHOO	- T	, also known as or
doing business as:			
	DOB: 03/08/1923	SSN: XXX-XX-4	1543
Grantee or Creditor: Legal Description:	DSHS, Financial Services LOT 19 BLK 6- RELOCATED NORT		inancial Recovery
Assessor's Prope	erty Tax Parcel Account Numb	per: 02072043360000	
Washington files	N THERE IS debt owed to the this lien in accordance with th Il Recovery files a lien for an u	e provisions of RCW 43.20	0B.080 and .090. The
All real and pe	ersonal property of the debtor	named above.	
X Only the prop	erty described in the Legal De	scription section above.	
Estate Recovery	Program	Mary Robinson	
Contact 1-800-562-6114 Telephone Numb	- er	Authorized Representa Department of Social a 12/07/2011	
In reply, refer to:		Date	_
Case# 050742	993 ER	- <b></b>	
000050742993ER2302			