



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: MILLIE M ERICKSON, also known as or
doing business as: _____
DOB: 01/01/1941 SSN: XXX-XX-0525
Grantee or Creditor: DSHS, Financial Services Administration, Office of Financial Recovery
Legal Description: TWNSHP-RNG-SECT: 02-05-19

Assessor's Property Tax Parcel Account Number: 02051900040300

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

In reply, refer to:

Case# **002565328** ER

Mary Robinson
Authorized Representative
Department of Social and Health Services
03/14/2012
Date

