



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: RONALD L WATSON, also known as or
doing business as: _____
DOB: 07/17/1954 SSN: XXX-XX-1901
Grantee or Creditor: DSHS, Financial Services Administration, Office of Financial Recovery
Legal Description: LOT 4 HART S/P BK 3/PG 271~

Assessor's Property Tax Parcel Account Number: 02063400020300

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

Shannon Garrick
Authorized Representative
Department of Social and Health Services
07/03/2012
Date

In reply, refer to:
Case# **051869382** ER

000051869382ER2302

