AFN #2013001869 Recorded 08/21/2013 at 02:21 PM DocType: LIEN Filed by: DEPT OF SOCIAL & HEALTH SVCS Page: 1 of 1 Auditor Timothy O. Todd Skamania County, WA



## RETURN TO

Department of Social and Health Services Office of Financial Recovery PO Box 9501 Olympia WA 98507-9501

NOTICE AND STATEMENT OF LIEN			
Grantor or Debtor:	Connie F Adams	- 4.14	, also known as or
doing business as:		-	
	DOB: 10/10/1935	SSN: XXX-XX-9017	7
Grantee or Creditor:	DSHS, Financial Services A	Administration, Office of Finar	ncial Recovery
Legal Description:	LOT 8 PLEASANT VALLEY ACRES E WASHINGTON. CKA 82 DALEN ST C	K A/PG 147 SITHATE IN SKANANIA	COUNTY,
Assessor's Property	/ Tax Parcel Account Numbe	r: 03082130030000	4.
The Office of Financion:  All real and pers	THERE IS debt owed to the s lien in accordance with the cial Recovery files a lien for a sonal property of the debtor now described in the Legal Des	provisions of RCW 43.20B.0 nn undetermined amount in S named above.	190 (9) 1 000
Estate Recovery Pro	ogram	Chris Boyd	
Contact 1-800-562-6114 Telephone Number In reply, refer to: Case# 003341	1159 ER (TEFRA)	Authorized Representative Department of Social and H 08/19/2013 Date	Health Services

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