



**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: HUBERT D SMITH, also known as or  
doing business as: \_\_\_\_\_  
DOB: 06/25/1933 SSN: XXX-XX-4703  
Grantee or Creditor: DSHS, Financial Services Administration, Office of Financial Recovery  
Legal Description: LOT 1 SMITH S/P BK 3/PG 58

Assessor's Property Tax Parcel Account Number: 03082120210000

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# **050872236** ER

Melinda Rice

Authorized Representative  
Department of Social and Health Services

09/09/2013

Date

000050872236ER2302

