



RETURN RECORDING INFORMATION TO:  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)  
ECONOMIC SERVICES ADMINISTRATION (ESA)  
OFFICE OF FINANCIAL RECOVERY (OFR)  
PO BOX 9501  
OLYMPIA WA 98507-9501

**Notice and Statement of Lien**

Grantor or Debtor: MICHELE N GIVEN, also known as (aka) or  
doing business as (dba) \_\_\_\_\_

Birth date: 06/01/1969 SSN: XXX-XX-2228

Grantee or Creditor: DSHS, Economic Services Administration(ESA), Office of Financial Recovery(OFR)

Legal Description:

Assessor's Property Tax Parcel Account Number:

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 74.04.300 and/or RCW 43.20B.620. The DSHS Office of Financial Recovery files a lien in the amount of \$9,594.00 in SKAMANIA County on:

- ☒ All real and personal property of the debtor named above.  
☐ Only the property described in the Legal Description section above.

**CLIENT RECOVERY PROGRAM**

PROGRAM

1-800-562-6114 ext 45595

TELEPHONE NUMBER

In reply, refer to:  
OFR Account Number: 2070586CR

Steve Radnich

REVENUE AGENT / AUTHORIZED REPRESENTATIVE  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

04/25/2014

DATE

**NOTICE AND STATEMENT OF LIEN**  
**DSHS 09-019 (REV. 04/2013)**