



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: NEVA I BROWN, also known as or
doing business as: _____

DOB: 07/22/1944 SSN: XXX-XX-4036

Grantee or Creditor: DSHS, Financial Services Administration, Office of Financial Recovery
Legal Description: LOT 16 BLK 4 WOODARD MARINA ESTATES BK A/PG 114-115
Situated in Skamania County

Assessor's Property Tax Parcel Account Number: 02063414170000

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 & 41.05A.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

Debbie Chase
Authorized Representative
Department of Social and Health Services
07/24/2014
Date

In reply, refer to:
Case# **050150353** ER

000050150353ER2302

