AFN #2019000559 Recorded Apr 18, 2019 12:38 PM DocType: LIENCITY Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 File Fee: \$34.20 Auditor Robert J. Waymire Skamania County, WA

Department of Social & Health Services

OLYMPIA WA 98507-9501

RETURN TO:
DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)
ECONOMIC SERVICES ADMINISTRATION (ESA)
OFFICE OF FINANCIAL RECOVERY – ESTATE RECOVERY (OFR)
PO BOX 9501

Notice and Statement of Lien (Estate Recovery)

Grantor or Debtor:	YVONNE J GUNNYON		, also known as (aka) or
doing business as (dba):			
	Birth date: 11/24/1	939 SSN:	XXX-XX-0842
Grantee or Creditor:	DSHS, Economic Services Adr	ninistration (ESA), Office o	f Financial Recovery (OFR)
Legal Description: LOTS 11 & 12 BLOCK 1 HAMILTONS FIRST ADD TO TOWN OF UNDERWOOD TOWNSHIP 03 RANGE 10 SECTION 23\			
Assessor's Proper	ty Tax Parcel Account Number	r: 03102322080200	
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 DSHS 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 De Estate Recovery Program		escription section above. Shannon Garrick	
CONTACT	Par	AUTHORIZED REPRESENDEPARTMENT OF SOCIA	ITATIVE L AND HEALTH SERVICES
1-800-562-6114			
TELEPHONE NUMBER	R	04/15/2019	
In reply, refer to:	*	Date	
Case Number: 0	004226865 ER		

NOTICE AND STATEMENT OF LIEN-(ESTATE RECOVERY) DSHS 09-019A (Rev. 04/2014)

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