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

Notice and Statement of Lien (Estate Recovery)

Grantor or Debtor: SUSAN L TRUELOVE, also known as (aka) or
doing business as (dba): _____

Birth date: 02/14/1956 SSN: XXX-XX-2767

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

Legal Description: Legal Description: LOT 13 BLK 8 - RELOCATED NORTH BONNEVILLE BK B/PG 16 & 32 7,516
SQ
County: SKAMANIA, WA APN: 02072034130000 , Census Tract / Block: 9502.00 / 3 , Township-
Range-Sect: 02-07-20 , SITUATE IN SKAMANIA COUNTY WASHINGTON, CKA: 813 CELILO ST,
NORTH BONNEVILLE WA 98639.

Assessor's Property Tax Parcel Account Number: 02072034130000

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 Description section above.

Estate Recovery Program

CONTACT

1-800-562-6114

TELEPHONE NUMBER

In reply, refer to:

Case Number: **003793266 ER**

Erik Kjesbu

AUTHORIZED REPRESENTATIVE
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

02/25/2021

Date

