Skamania County, WA Total:\$39.00 LIENCITY Pgs=1

2022-001065

05/23/2022 11:15 AM

Request of: DEPARTMENT OF SOCIAL AND HEALTH





OFR Account Number: 180018VR



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: BERGE	, TREASA L. , also known as (aka) or
doing business as (dba)	
Birth date: <u>06/02/1967</u> SSN	: <u>XXX-XX-3756</u>
Grantee or Creditor: DSHS, Economic S	ervices Administration(ESA), Office of Financial Recovery(OFR)
Legal Description:	
Assessor's Property Tax Parcel Acc	ount Number:
in accordance with the provisions of RC Recovery files a lien in the amount of \$	
All real and personal property of	the debtor named above.
Only the property described in t	he Legal Description section above.
VENDOR RECOVERY PROGRAM	Karen Roney
PROGRAM	REVENUE AGENT / AUTHORIZED REPRESENTATIVE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
1-800-562-6114 ext 45575	05/20/2022
TELEPHONE NUMBER	DATE
In reply refer to:	