Skamania County, WA Total:\$18.00 LIENCITY Pgs=1

2024-001405

09/26/2024 11:03 AM

Request of: WASHINGTON STATE DEPARTMENT OF H





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 State	ment of Lien	(Estate Red	covery) •	
Grantor or Debtor:	VELMA P EATON			, also kno	wn as (aka) or
doing business as	(dba):			•	N
	Birth date:	08/09/1933	SSN:	XXX-XX-8965	;
Grantee or Creditor:	DSHS, Economic Ser	vices Administratio	n (ESA), Office of	Financial Recove	ry (OFR)
Legal Description:	Legal Description: PP#	90011631		¬	94
	Census Tract / Block: 9 Township-Range-Sect: County: SKAMANIA, W	02-05-15	1)
Assessor's Property Tax Parcel Account Number: 02051510070200					
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 per	sonal property of the	debtor named	bove.		
X Only the property described in the Legal Description section above.					
Estate Recovery Program		<u>Sebasti</u>	Sebastian Beatty		
CONTACT			AUTHORIZED REPRESENTATIVE DEPARTMENT OF SOCIAL AND HEALTH SERVICES		
1-800-562-6114		DEI AIN	WILINI OF SOCIAL	ANDTILALITIOL	. CVIOLO
TELEPHONE NUMBER		09/23/2	09/23/2024		
In reply, refer to:		Date	Date		
Case Number: 0	53132231 ER				

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