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BY DSHS

FEB 3 4.01 PH '97

PLOWNY

AUDITORY

GARYM. OLSON

DIVISION OF CHILD SUPPORT 5411 B WILL PLAYN PUDG 3 P O BOX 4269 VARCOUVEA WA 98652-0269



NOTICE AND STATEMENT OF LIEN 09-282 (REV. 09/1996) STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)

/\#/I	DIVISION C	OF CHILD SUPPORT (DCS)	
	NOWCE AND	STATEMENT OF LIEN	
Grantor or Debtor:	Margal Valencia DOB 09/22/73	, ss	N
Grantee or Credito	r: The Department of So	cial and Health Services (DSHS)	
Legal Description:			
Assessor's Property	Tax Parcel Account Num	ber:	
DSHS claims that the Support (DCS) files	ne debtor named above o a lien in the amount of \$	wes past-due child support. The D	
国 All real and per	onal property of the deb	tor named above except Tribal Trus	st property.
		Description section above.)/
January 27, 199	7	L. Canonica	
Date		Authorized Representative DIVISION OF CHILD SUPPORT	
		(360) 696-6391	·
in reply, refer to:	,	Telephone Number	
Case #: 11	98504		

(FG REL:12/98) (3520:970127:189657) 1198504/0865

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