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COMMITTEE !

FILED FOR RECORD SKAMARIA CO WASH BY DSHS

FEB 13 4 30 PM '97

PLAWITOR O

GARY M. OLSON

DIVISION OF CHILD SUPPORT 5411 E MILL PLAIN BLDG 3 P O BOX 4269 VANCOUVER WA 98662-0269



STATE OF WASHINGTON

TR/ DEPART	MENT OF SOCIAL AND HEALTH SERVIC IVISION OF CHILD SUPPORT (DCS)	ES
	CE AND STATEMENT OF LIE	N
Grantor or Debtor: Robert P. V	/ankregten /64	, SSN
Grantee or Creditor: The Departm	ent of Social and Health Services (DSHS).
l egal Description:	X/I/I	
Assessor's Property Tax Parcel Acco	ount Number:	
DSHS claims that the debtor named Support (DCS) files a lien in the am	above owes past-due child support. The ount of \$ 15,354.09 in Skam	ne Division of Child ania County on:
All real and personal property o	f the debtor named above except Tribal	
	the Legal Description section above.	
February 06, 1997 Date	I. Canonica Authorized Representative DIVISION OF CHILD SUPPORT	Sagistered Sadexed Dir Ordered School
	(360) 696-6391 Telephone Number	Self-Self-Self-Self-Self-Self-Self-Self-
In reply, refer to; Case #: 702757		
NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 09/1996)		(FG REL:12/95) /3520:970206:180658\

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