FILED FOR RECORD SKAMANIA CO. WASH BY State QWA, JSHS

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AUDITOR
GARY M. OLSON

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

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STATE OF WASHINGTON
DEPARTMENT OF SCICIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)

	D STATEMENT OF LIEN
Grantor or Debtor: Benjamin M. Perkin DOB 05/27/73	
Grantee or Creditor: The Department of So	cial and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Account Nigal	ber:
DSHS claims that the debtor named above of Support (DCS) files a lien in the amount of \$	wes past-due child support. The Division of Child  4,322.07 in Skamania County on:
All real and personal property of the debi	tor named above except Tribal Trust property.
Only the property described in the Legal	
February 12, 1997 Date	E. Montgomery Authorized Representative DIVISION OF CHILD SUPPORT
	(360) 696-6391
n reply, refer to: Case #: 988586 1036111	Telephone Number
NOTICE AND STATEMENT OF LIEN 25/15 (99-282 (,V. 09/1996)	(FG REL:12/96) (2766:970212:180516) \$88586/2766
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