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FILED FOR HEGORD SKAMAHA TO, HASH BY DSHS

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Panory

AUDITOR

GARY 14. OLSON

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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD "UPPORT (DCS)

NOTICE	AND STATEMENT OF	LIEN
Grantor or Debtor: Vernon E. Wais	nright.	, SSN
Grantee or Creditor: The Department	of Social and Health Services (D\$H\$).
Legal Description;		
Assessor's Property Tax Parcel Account	t Number:	
DSHS claims that the debtor named ab Support (DCS) files a lien in the amour	ove owes past-due child suppo	ort. The Division of Child Skamania County of
All real and personal property of th	e debtor named above except	
了 Only the property described in the		
tarch 12, 1.997 Date	L. Canonica Authorized Representati DIVISION OF CHILD SU	Ne JPPORT
	(360) 696-6391	
n rep ^s y, refer to: Case #: 1272837	Telephone Number	

NOTICE AND STATEMENT OF LIEN (35HS 09-282 (REV. 09/1996)