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BOOK 16.3 PAGE 70 FILED FOR RECORD SKAMANIA CO. WAS!! BY DSHS

Mpr 4 12 56 PM '97 GARY M. OLSON

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



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

NC	TICE AND STATEMENT O	F LIEN	
Grantor or Debtor: Robert DOB 11/	7. Williams 29/47	, SSN <u>544-52-7578</u>	
Grantee or Creditor: The Dep	artment of Social and Health Services	(DSHS).	
Legal Description:	$\Delta N_{\rm A}$		
Assessor's Property Tax Parcel	Account Number;		
DSHS claims that the debtor na Support (DCS) files a lien in the	amed above owes past-due child supple amount of \$ 21,450.00 in	port. The Division of Child	
	rty of the debtor named above excep		
	d in the Legal Description section abo		
March 02, 1997	K. Rhodes		
Date	Authorized Representa DIVISION OF CHILD S	Authorized Representative DIVISION OF CHILD SUPPORT	
	<u>(360)</u> 696–6391 Telephone Number		
In reply, refer to: Case #: 1101299			
NOTICE AND STATEMENT OF LIEN DSH5 09-282 (REV. 09/1996)	Agexed, Dir V	(FG REL:12/96) (2328:970302:091821) 1101299/2328	