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FILED FOR REGORD SKAMANIA CO. WASH BY DSINS

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AUDITOR

GARY M. OLSON

DIVISION OF CHILL) 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 SUPPORT (DCS)

NOTICE AN	ID STATEMENT OF LIEN	
Grantor or Debtor: Marie K. Switzler DOB 09/09/67	, s 	SN
Grantee or Creditor: The Department of S	Social and Health Services (DSHS).	
Legal Description:		
Assessor's Property Tax Parcel Account Nu	ımber:	
DSHS claims that the debtor named above Support (DCS) files a lien in the amount o	owes past-due child support. The f 1,975.76 in Skaman	
All real and personal property of the d	lebtor named above except Tribal Tr	ust property.
Only the property described in the Leg	gal Description section above.	
March 24, 1997 Date	K. Muir Authorized Representative DIVISION OF CHILD SUPPORT	<i>)</i> `
	(360) 696-6391 Telephone Number	
In reply, refer to: Case #: 986934		
NOTICE AND STATEMENT OF LIEN DSH5 09-282 (REV. 09/1996)		(FG REL:12/98) (0623:970324;220301) 986934/0623

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