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FILED FOR RECORD SKAMARIA OO, WASH BY DS HS

MAR 20 4 53 PM '97

Chury

AUDITOR

GARY M. 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 SUPPORT (DCS)

	NOTICE AND STATEM	MENT OF LIEN
Grantor or Debtor: Gree	gory L. West 3 03/29/43	SSN
Grantee or Creditor: The	Department of Social and Heal	th Services (DSHS).
Legal Description:	X	
Assessor's Property Tax P	arcel Account Number:	
DSHS claims that the deb Support (DCS) files a lien	otor named above owes past-due in the amount of \$2,370.	e child support. The Division of Child 23 in Skamania County on:
All real and personal	property of the debtor named a	bove except Tribal Trust property
☐ Only the property de	scribed in the Legal Description	section above.
March 18, 1997	C. Jo	hnson
Date		red Representative N OF CHILD SUPPORT
	the second secon	696-6391
In reply, refer to: Case #: 135482	Telepho	ne Number
NOTICE AND STATEMENT OF LIEN		(FG REL:12/96) (1894:970318:202723)