127769

BOOK 164 PAGE 55

FILED FOR REGORD SKAMANIA GO. WASH BY DSHS

APR 3 4 43 PM '97'

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)

	AND STATEMENT OF LIEN	
Grantor or Debtor: Michael J. Alle DOB 03/26/73	en, SSN [
Grantee or Creditor: The Department of	f Social and Health Services (DSHS).	
Legal Description:		-1
Assessor's Propeny Tax Parcel Account N	Number:	
DSHS claims that the debtor named abor Support (DCS) files a lien in the amount	ve owes past-due child support. The Division coof \$ 4,678.00 in Skamania	of Child _ County on:
All real and personal property of the	debtor named above except Tribal Trust proper	rty.
Only the property described in the L	egal Description section above.	
March 31, 1997 Date	J. Mcbride Authorized Representative DIVISION OF CHILD SUPPORT	
	(360) 696-6391	
In reply, refer to: Case #: 1074402	Telephone Number	
	(FG B)	FI:12/Q81

NOTICE AND STATEMENT OF LIEN DSHS 09:282 (REV. 09/1986)

(FG REL:12/96) (0308:970331:180754) 1074402/0308

Radexed, Di indirect Firmed