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FILED FOR RECORD SKAMANIA CO. WASH BY \_\_\_\_\_DSHS

May 5 3 17 PH '97

GALVY

AUDITOR

GARY M. OLSON

DIVISION OF CHILD SUPPORT 5411 R MILL PLAIN RENG 3 P O BOX 4269 VANCOUVER WA 98652-0269



<b>71/</b> 1 DE	PARTMENT OF SOCIA	L AND HEALTH SERVICE LD SUPPORT (DCS)	S
NO		TEMENT OF LIEN	
Grantor of Debtor: Tomas R DOB 11			, SSN
Grantee or Creditor: The Dep	partners of Social and	Health Services (DSHS),	
Legal Description:			
• / 1			
Assessor's Property Tax Parcel	Account Number:		
DSHS claims that the debtor n Support (DCS) files a lien in th	amed above owes page amount of \$1,	st-due child support. Th 153.04 in Skama	e Division of Child nia County on:
All real and personal prope			
Only the property describe			rus. property.
May 01, 1997 Date	A	. Cullen	
	Aı Di	uthorized Pepresentative VISION OF CHILD SUPPORT	
		360) 696-6391	
In reply, refer to:	Te	lephone Number	
Case #: 1013547			
NOTICE AND STATEMENT OF LIEN		Andexed, Oir	(FG REL:12/96)
D\$HS 09-282 (REV. 09/1996)		Milest	(3083:970501:180017) 1013547/3083