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PROPRIED AUDITOR

GARY M. OLSON

DIVISION OF CHILD SUPPORT 5411 E MILL PLAIN ALDG 3 P O BOX 4269 VANCOUVER WA 98662-0269



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

NOTICE A	AND STATEMENT OF LI	EN .
Grantor or Debtor: William A. Tell DOB 09/20/56	lez	SSN
Grantee or Creditor: The Department of	of Social and Health Services (DSH	S).
Legal Description:		
Assessor's Property Tax Farcel Account	Number:	
DSHS claims that the debtor named abo Support (DCS) files a lien in the amount		The Division of Child
All real and personal property of the	e debtor named above except Trib	oal Trust property.
☐ Only the property described in the	Legal Description section above.	
May 22, 1997 Date	R. Fisher Authorized Representative DIVISION OF CHILD SUPPO	PRT
	(360) 696-6391	ni printinia di mandale printing di distributi na printing ang pangangan pangangan pangangan pangangan pangang
In reply, refer to: Case #: 1282929	Telephone Number	
NOTICE AND STATEMENT OF LIEN		(FG REL:12/96) (0074:970522:181254)

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