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BOOK 165 PAGE 667

FILED FOR RECORD SKAMANIA CO. WASH BY __DS.H.S.____

HAY 28 | 40 PM '97

PXNVY

AUDITOR

GARY M. OLSON

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



| XI / | DEPARIMENT OF | E OF WASHINGTON SOCIAL AND HEALTH SER OF CHILD SUPPORT (DCS) | VICES | |
|--|--|--|----------------------------------|---------------------|
| | | D STATEMENT OF L | JEN J | |
| Grantor or Debtor: | David O. Richter DOB 07/18/62 | | SSN SSN | |
| Grantee or Creditor | : The Department of So | cial and Health Services (DS | 1 146 1 | |
| Legal Description: | | | | |
| | | | | |
| | | | | |
| Assessor's Property | Tax Parcel Account Num | beri | | |
| DSHS claims that the Support (DCS) files | e debtor named above of a lien in the amount of \$ | owes past-due child support | | Child County on: |
| | | otor named above except Tr | | |
| | | Description section above. | | ' |
| | | peartibrion section above. | | |
| May 24, 1997 | | S. Canonica | | |
| Date | | Authorized Representative DIVISION OF CHILD SUPP | ORT | |
| | | (360) 696-6391 | | |
| n reply, refer to: | | Telephone Number | | |
| Case #: 125 | 3786 | | | |
| NATICE AND STATEMENT OF LIES DSHS 09-282 (REV. 09/1906) | | | (FG REL:1 (1600:970 125378 | (524:15122Q) |
| | | | -2.4.5 | EN. WOLKO |

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