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FILED FOR RECORD SKAMAHIA CO. WASH BY DSHS

JUL 10 10 33 AH 197

XOWNY
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

7511/1	DEPARTMENT OF SO DIVISION OF	OCIAL AND HEALTH SERVICES CHILD SUPPORT (DCS)	6 / m
		STATEMENT OF LIEN	- 4
	Prald O. Roberts OB 06/29/55		SSN
Grantee or Creditor: T	he Department of Socia	and Health Services (DSHS).	
Legal Description:	- 3		
Assessor's Property Tax	Parcel Account Number	. **	_
DSHS claims that the d Support (DCS) files a lie	ebtor named above owe in in the amount of \$	past-due child support. The	Division of Child
X All real and persona	l property of the debtor	named above except Tribal T	
printed 9		escription section above.	
		- (
July 07, 1997 Date	•	S. Canonica	Reg me con
Date	- (Authorized Representative DIVISION OF CHILD SUPPORT	Indirect
	- 1	<u>(260) 696-6391</u>	rimod Warled
te	- 1	Telephone Number	The second second
In reply, refer to: Case #: 12934	58		
NOTICE AND STATEMENT OF LIEN DSH5 (19-282 (REV. 19/1996)			(FG REL:12/95)

1293458/1600