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FILED FOR RECORD SKAMANI'S CO. WASH BY DSHS

Aug 28 4 18 PH '97

Soury

AUDITOR

GARY M. OLSON

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



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

## NOTICE AND STATEMENT OF LIEN

| Grantor or Deptor: David L. Wood  | , SSN   |  |
|---|---|--|
| DOB <u>09/05/58</u>   |   |  |
| Grantee or Creditor: The Department of Social a   | nd Health Services (DSHS).                              |  |
| Legal Description:  |   | _ /  |
|   | <i>y</i>  |  |
|   |   |  |
| Assessor's Property Tax Parcel Account Number:  | - N   | ) ]  |
| DSHS claims that the debtor named above owes Support (DCS) files a lien in the amount of \$ _1. | past-due child support. The Div<br>9,221.00 in Skamania | ision of Child<br>County on:   |
| All real and personal property of the debtor n  | amed above except Tribal Trust                          | property.  |
| Only the property described in the Legal Des  | cription section above.                                 |  |
|   |   | Name of the second   |
| August 25, 1997   | K. Nomeland   | Indirect   |
| Date  | Authorized Representative DIVISION OF CHILD SUPPORT     | Filmed   |
|   | (360) 696-6391  | Marie Parasina de Caracteria d |
|   | Telephone Number  |  |
| In reply, refer to:<br>Case #: 451867   |   |  |
| NOTICE AND STATEMENT OF LIEN<br>DSHS 09-282 (REV. 19/1996)                                      |   | (FG REL:12/86)<br>(1884:970825:181347)<br>451867/2922  |