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FILED FOR RECORD SKAMANIA CO. WASH BY DSHS

SEP 17 1 31 PM °97

AUDITOR

GARY M. OLSON

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



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

NOTICE A	NO STATEMENT OF LIEN	
Grantor or Debtor: Patrick M. Robe DOB 03/12/73	rtson, s	SN
Grantee or Creditor: The Department of Legal Description:	f Social and Health Services (DSHS).	1
Assessor's Property Tax Parcel Account N DSHS claims that the debtor named abov Support (DCS) files a lien in the amount	ve owes past-due child support. The f	
All real and personal property of the Only the property described in the La	debto: named above except Tribal Tru	
September 11, 1997 Date	S. Canonica Authorized Representative DIVISION OF CHILD SUPPORT	186. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
in reply, refer to: Case #: 970829	(800) 345-9984 Telephone Number	The second secon
NOTICE AND STATEMENT OF LIEN DSHS 09-287 (REV, 09/1996)		(FG REL:12/96) (1800:970911:182813) 970829/1600