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FILED FOR RECORD SKAMANIA GO. WASH BY DS HS

Oct 29 | 14 PM '97

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AUDITOR

GARY M. OLSON

DIVISION OF CHILD SUPPORT 5411 E MILL PLAIN BLDG 3 P O BOX 4269 VANCOUVER WA 98663-0269



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

NOTICE AN	ND STATEMENT OF LIEN	n Y
Grantor or Debtor: Barbara M. Temple DOB 01/28/63	ett	SSN
Grantee or Creditor: The Department of S	ocial and Health Services (DSHS).	
Legal Description:		
Assessor's Property Tax Parcel Account Nur	mber:	
DSHS claims that the debtor named above Support (DCS) files a lien in the amount of	owes past-due child support. The	
All real and personal property of the de		
Only the property described in the Lega	al Description section above.	
October 27, 1997		has acree
Date	K. 'sher	Aslexed, Dir
	Authorized Representative DIVISION OF CHILD SUPPORT	Tillrest
	(800) 345-9984	The second section is
	Telephone Number	***************************************
In reply, refer to: Case #: 665158		
NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 09/1996)		(FG REL:12/86) (0824:971027:201047) 665 158/0824