FILED FOR HESORD
SKAMAVIA SO, WASH
BY DSHS

JAN 9 4 05 PH '98

AUDITOR'
GARY M. OLSON

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



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

NOTICE AND STATEMENT OF LIER

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Grantor or Debtor: Robert P. Pulli DOB 06/09/47	<u>nan</u>	SSN <u>542-52-8293</u>
Grantee or Creditor: The Department of	of Social and Health Services (DSHS).	4
Legal Description:		1 N
Assessor's Property Tax Parcel Account	Number:	
DSHS claims that the debtor named abo Support (DCS) files a lien in the amount	ve owes past-due child support. The of \$ 940.00 in Skamps	Division of Child
All real and personal property of the	debtor named above except Tribal Tur	County on:
Only the property described in the L	egal Description section above.	a. p. operty.
		Marie 18 18 18 Marie Marie 18 18 18 18 18 18 18 18 18 18 18 18 18
January 07, 1998 Date	R. Rucker	all the same of th
	Authorized Representative DIVISION OF CHILD SUPPORT	A CONTRACTOR OF THE CONTRACTOR
	(800) 345-9984	
In reply, refer to:	Telephone Number	
Case #: 1057993		

NOTICE AND STATEMENT OF LIEN D5H5 09-282 (REV. 09/1995)

(FG REL:12/Pip) (2545:98017::181139) 1057996/2545