BOOK 173 FAGE 839

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PLANTY
AUDITOR
GARY M. OLSON

DIVISION OF CHILD SUPPORT 5411 E MILL PLAIN BLDG 3 P O BOX 4269 VANCOUVER WA 98662-0369



STATE / /ASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DC5)

## NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: Elwood H. G DOB 12/11/			SSN <u>571-42-4528</u> ,
Grantee or Creditor: The Departme	ent of Social a	nd Health Services (DSHS).	
Legal Description:			1
Assessor's Property Tax Parcel Acco	unt Number:		
DSHS claims that the debtor named Support (DCS) files a lien in the am	l above owes ount of \$	past-due child support. The	
All real and personal property o	f the debtor r	named above except Tribal T	rust property.
☐ Only the property described in	the Legal Des	cription section above.	
February 24, 1998 Date		E. Cohee Authorized Representative DIVISION OF CHILD SUPPORT	SANTE WEST
		(800) 345-9984	4 14
In reply, refer to:		Telephone Number	
Case #: 1340366	631520		
NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 09/1996)			(FG REL:12/98) (2543:980224:181235) 1340366/2543