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FILED FOR REGORD SKAMANIE OR WASH

MAR 6 4 34 PM '98

P LOWRY

AUDITOR

GARY M. OLSON

DIVISION OF CHILD SUPPORT 5411 E MILL PLAIN 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 LIE	N
Grantor or Debtor: Christophe A. DOB 12/30/75	Wallaker	, SSN <u>522–19–7921</u>
Grantee or Creditor: The Department of	 of Social and Health Services (DSHS)	
Legal Description:		
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 \$in Skame	ne Division of Child
All real and personal property of the		The state of the s
Only the property described in the L		
		Salasana
March 02, 1998 Date	J. Demich	To the same of the
Pate	Authorized Representative DIVISION OF CHILD SUPPORT	C same more to manufacture
	(800) 3459984	A The Control of the
	Telephone Number	
In reply, refer to: Case #: 1181467 1246.		
NOTICE AND STATEMENT OF LITE	en e	/FG DEL 12/00)

DSHS 09-282 (REV. 09/1996)

(3520:980302:181157) 1181467/3520