800R 175 PAGE 164

FILED FOR RECORD SKAMANI: CO. WASH BY DS HS

APR 2 1 YH PH '9B CX AWRY AUCITOR 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 LIEN

| DOB 04/08/71 | | , SSN <u>534-94-5003</u> |
|---|---|--|
| Grantee or Creditor: The Department of Soci | al and Health Services (DSHS) | |
| Legal Description: | | |
| | | |
| Assessor's Property Tax Parcel Account Number | in. | |
| DSHS claims that the debtor named above owe Support (DCS) files a lien in the amount of \$ | es past-due child support. The 2,942.28 in Skame | e Division of Child |
| Ali real and personal property of the debtor | | |
| Only the property described in the Legal D | escription section above. | * . i |
| | | MAOXOG, 1x |
| March 31, 1998 Date | J. Drmich | Adire |
| Date: | Authorized Representative DIVISION OF CHILD SUPPORT | AND THE CONTROL OF THE PROPERTY OF THE PROPERT |
| | <u>(800)</u> 345-9984 | |
| In reply, refer to: | Telephone Number | |
| Case #: 1310174 1360049 | | |
| NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 09/1996) | | (FG REL:12/98) (3320:980231:182846) 1310174/3520 |