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FILED FOR RECORD SKAMANIA GO. WASH BY \_DSHS\_\_\_\_

May 26 12 19 PM '98

AUDITOR

GARY M. OLSON

DIVISION OF CHILD SUPPORT 5411 E MILL PLAIN BLDG 3 P O BOX 4269 VANCCOVER WA 98662-0269



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

## NOTICE AND STATEMENT OF LIEN

DOB 10/07/55		SSN <u>567-15-5090</u>
Grantee or Creditor: The Department of Social	and Health Services (DSHS).	
Legal Description:		
Assessor's Property Tax Parcel Account Number:		
DSHS claims that the debtor named above owes Support (DCS) files a lien in the amount of \$ _1	past-due child support. The	Division of Child
All real and personal property of the debtor		
Only the property described in the Legal Des	cription section above	ust property.
	, ass,c.	2 15 10 1. W.
May 21, 1999 Date	D. Orr	The same services of the same of
	Auti-orized Representative DIVISION OF CHILD SUPPORT	A STATE STATE STATE OF THE STAT
	(800) 345-9984	
In reply, refer to: Case #: 770740	Telephone Number	) have been a series of the se
NOTICE AND STATEMENT OF LIEN DSH5 09-282 (REV. 09/1996)		(FG REL:12/96) (3334:980521:161130) 770740/3334