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FILED FOR NEGORD SKAMANIA DO FASH BYSTOCKA DSHS

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AULITOR

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

	THE COLUMN	
Grantor or Debtor: Robert E. June DOB		SSN <u>540-86-3355</u>
Grantee or Creditor: The Department of	Social and Health Services (DSHS).	4
Legal Description:		
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Acronymula Day and a sur	//	
Assessor's Property Tax Parcel Account No	umber:	- 1 - 1
DSHS claims that the debter		
DSHS claims that the debtor nated above Support (DCS) files a lien in the amount of	e owes past-due child support. The	Division of Child
	in Skaman	ia County on:
All real and personal property of the d	lebtor named above many 7.11	**
Cl Colore	Tained above except Imbal In	ust property.
Only the property described in the Le	gal Description section above.	
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The state of the s		astexed, De
June 10, 1998 Date	H. Hughes	MINC.
Date	Authorized Representative	Table in the Company of the Company
	DIVISION OF CHILD SUPPORT	W. S. J. And Street Street Street Street
	(800) 345-9984	
Im and I	Telephone Number	
In reply, refer to:		
Case #: 675558		
NOTICE AND STATEMENT OF LIEN		(FG REL:12/98)
35H5 09-284 . 'V. 09/1996)		(2781:980810:181545) 675558/2781