FILED FOR RECORD SKAMANA CO. WASH BY DSHS

Aug 21 5 0 PH '98

OXOLOGY

AUDITOR

GARY M. OLSON

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



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

## NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: Robert T. Wilson DOB 02/03/66		, SSN <u>541-98-4528</u> ,
Grantee or Creditor: The Department of Soci	al and Health Services (DSI-IS).	
Legal Description:		-
	)	
Assessor's Property Tax Parcel Account Number	eri	
DSHS claims that the debtor named above ow Support (DCS) files a lien in the amount of \$	es past-due child support. Th	
All real and personal property of the debto	or named above except Tribal	Trust property.
Caly the property described in the Legal D		
<u>August 18, 1998</u> Date	K. Nomeland Authorized Representative DIVISION OF CHILD SUPPORT	STEPPED TO SEE STEPPE
	(360) 696-6391	* Standard Standard
in reply, refer to: Case #: 1374569	Telephone Number	
NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 09/1996)		(FG REL:12/06) (2922:980818:16 (807) 1374569/2922