FILED FOR REGORD SKALANIA CO. WASH BY DSHS

OCT 20 3 05 PN '98

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AUDITORO

GARY M. OLSON

SSN 938-86-0444

(FG REL:12/96) (1155:581018:1002501 619896/0512

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

Grantor or Debtor: Robert A. Bevans

DOB 11/17/66



NOTICE AND STATEMENT OF LIEN DSHS 09-292 (REV. 09/1996)

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

## NOTICE AND STATEMENT OF LIEN

| Grantee or Creditor: The Department of Social  | and Health Services (DSHS),                            | 4  |
|--|--|--|
| Legal Description:   |  |  |
| 'ssor's Property Tax Parcel Account Number:  |  | 1)   |
| L Jlaims that the debtor named above owes Support (DCS) lies a lien in the amount of \$ _1 | 3,479.00 in Skamania                                   | County on:   |
| All real and personal property of the debtor r   | named above except Tribal Trust p                      | roperty.   |
| Only the property described in the Legal Des   | cription section above.                                |  |
| October 18, 1998   | C. Louthan   | Supramed Like  |
| Date To  | Authorized Representative<br>DIVISION OF CHILD SUPPORT | 1.1211  The state of the contraction of the contrac |
|  | (360) 696-6391   |  |
| n reply, refer to:<br>Case #: 619896 998385  | Telephone Number                                       |  |

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