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FILED FOR LCORU SKAN SHE DA. WASH BY DS HS

Nov 30 10 25 AM '98

ALBITOR

GARY M. OLSON

DIVISION OF CHILD SUPPORT 5411 E MILL PLAIN 2LDG 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

| Orantor or Debtor: Casey J. Shol. DOB 04/29/68 | debrand | SSN <u>538-74-8216</u> |
|---------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Grantee or Creditor: The Department | of Social and Health Services (DSHS). | |
| Legal Description: | | _ / |
| | | |
| |) . | |
| Assessor's Property Tax Parcel Account | Number: | 1 |
| DSHS clai at the debtor named ab Support (D) files a lien in the amoun | ove owes past-due child support. The nt of \$3,352.00 in Skaman | Division of Child |
| All real and personal property of th | e debtor named above except Tribal Tru | |
| Only the property described in the | | ing and |
| | | adexed, 181 |
| November 18, 1998 Date | R. Nelson | Filmed |
| Date | Authorized Representative DIVISION OF CHILD SUPPORT | The second secon |
| | (360) 696-6391 | |
| In reply, refer to: | Telephone Number | And the state of t |
| Case #: 1062911 | | |
| NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 09/1996) | | (FG REL:12/98) (1798:981118:181329) 1062911/1798 |