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CHANGER

GARY M. CLEON

DIVISION OF CHILD SUPPORT 5411 E MITT 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

| Grantor or Debtor: doing business as: | Bridget E. Ulrich | | , also known as ϵ_i |
|---|--|---|---|
| | SSN <u>531-11-7461</u> | LOB <u>12/06/77</u> | |
| Grantee or Creditor: | The Department of Soci | al and Health Services (DSHS). | |
| Legal Description: | \sqrt{O} | | selerated to select the select trees trees the select trees the select trees the select trees trees trees the select trees |
| Assessor's Property | Tax Parcel Account Number | er: • | |
| DSHS claims that the Support (DCS) files | e debtor named above ow a lien in the amount of \$ | es past-due child support. The | |
| All real and pers | onal propart, of the debte | or named above except Tribal T | rust property. |
| ☐ Only the proper | ty described in the Legal I | Description section above. | |
| May 01, 2000 | | A. Cullen | |
| Date | | Authorized Representative DIVISION OF CHILD SUPPORT | |
| (360) 696-6100 | Management of the Control of the Con | A. Cullen | |
| Telephone Number | | Person to Contact | |
| In reply, refer to: Case #: 14 | 56_33 | | |
| NOTICE AND STATEMENT OF LIE DSHS 09-282 (REV. 04/1997) | | | (F3 RELIO6/1899) (3083:000501:012916) 1-558935/3083 |