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BY D5H5 ASH

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Cauny
GARY II. OLSON

DIVISION OF CHILD SUPPORT 5411 E MILL EGAIN 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:	Michael P. Harvey		, also known as or
	SSN <u>544-56-9632</u>	DOB 11/10/46 .	
Grantee or Creditor:	The Department of Sc	ocial and Health Services (DSHS).	
Legal Description:			edered (e)
			A Timed
			ani d
Assessor's Property 1	Tax Parcel Account Num	ber:	
r 3HS claims that the Support (DCS) files a	e debtor named above o	wes past-due child support. The	Division of Child ia County on:
		otor named abov - except Tribal Tr	
and the state of t		Description section above.	usi property.
uly 19, 2009 Date		R. Young Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100		K. Young	
Telephone Number		Person to Contact	
In reply, refer to: Case #: 883	454		
NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 04/1997)			(FG REL:(3/1999)