(FG REL:06/1999) (9893:010326:234118) 1471809/2405

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FILED FOR RECORD SKAMANIA CC. WASH BY DSHS

MAR 30 2 20 PM '01

AUDITOR

GARY M. OLSON

DIVISION OF CHILD SUPPORT 5411 E MILL PLAIN BLDG 3 PO BOX 4269 VANCOUVER WA 98582-0099



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: | Connie B. Williams , also known as or | | |
|--|---------------------------------------|--|--|
| | SSN <u>516-96-5149</u> , | DOB 10/20/66 | |
| Grantee or Creditor: | The Department of Social | al and Health Services (DSHS). | g all states a |
| Legal Description: Assessor's Froperty T | ax Parcel Account Numbe | er: • | edused to face of the service of the |
| Support (DCS) mes a | ilen in the amount of \$ | es past-due child support. The 5,1°,00 in Skaman r named above except Tribal Tr | ia County on: |
| | described in the Legal D | | ppur.y. |
| March 26, 2001 Date | - | S. FOSSUM Authorized Representative DIVISION OF CHILD SUPPORT | |
| (360) 696-6100 Telephone Number | | S. Fossum Person to Contact | |
| In reply, refer to: Case #: 147 | | Contact | |
| NOTICE AND STATEMENT OF LIEN DSH5 09-202 (REV. 04/1997) | | | (FG REL:06/1999) |