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ALUDITOR O

GARY M. OLSON

DIVISION OF CHILD SUPPORT 5411 B HILL PLAIN BLIEG 3 PO BOX 4269 VANCOUVER WA 98682-0099



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

## NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: Adam P. Mi doing business as:	11s also known as or
SSN 539-82-	8221 , DOB 02/14/79 .
Grantee or Creditor: The Departm	nent of Social and Health Services (DSHS).
Legai Description:	de des end de Bells race.
Assessor's Property Tax Parcel Acce	ount Number:
All real and personal property	of the debtor named above except Tribal Trust property.
Only the property described in	the Legal Description section above.
April 23, 2001 Date	Wilson     Authorized Representative     DIVISION OF CHILD SUPPORT
360) 696-6100 elephone Number	E. Wilson Person to Contact
n reply, refer to: Case #: 1375939	1463295
OTICE AND STATEMENT OF LIEN 54S 09-262 (REV. 04/1997)	(FG REL00/1889) (2370-010423:22227) 1375-039/2370