## 141191

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FILED FOR RECORD
SKAMANIA CO. WASH
BY OSHS......

May 23 4 29 PM '01

AUDITOR

GARY M. OLSON

DIVISION OF CHILD SUPPORT 5411 E MILL, PLATE BLIG 3 PO BOX 4269 VANCOUVER WA 98682-0099



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

## Galled Galled

## NOTICE AND STATEMENT OF LIEN

Chantol of Deptor:	Manager of the Control of the Contro		, also known as or
doing business as:	MICHAEL A HOLMAN	No. of the last of	<u>.</u>
	SSN <u>352-68-962</u> 5	, DOB <u>06/22/65</u> .	
Grantee or Creditor	: The Department of Soc	cial and Health Services (DSHS).	
Legal Description:			
	_ \ : /		
Sec. 46			) )
Assessor's Property	Tax Parcel Account Numb	per: .	
DSHS claims that the Support (DCS) files a	e debtor named above ov a lien in the amount of \$	wes past-due child support. The	e Division of Child
		or named above except Tribal T	
Only the propert	y described in the Legal	Description section above.	
May 21, 2001		J. Zimmer	
Date		Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100		J. Zimmer	
Celephone Number	<del></del>	Person to Contact	
n reply, refer to: Case #: 763	1358		
IOTICE AND STATEMENT OF LIEN SHS 09-282 (REV. 04/1997)	4		(FG REL:C8/1999) (2832:010521:224920) 763358/2632