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AUG 15 1, 08 PM '01

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GARY M. OLSON

DIVISION OF CHILD SUPPORT 5411 E MILL PLAIM BLDG 3 PO BOX 4269 VANCOOVER WA 98662-0099



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

NOTICE AND STATEMENT OF LIEN

Grantor or Dabtor: doing husiness as:	Delins R. Wyatt also know		, also knows as or
	SSN <u>531-86-575</u> 3	, DOB <u>01/01/67</u> .	
Grantee or Creditor	: The Department of Soc	ial and Health Services (DSHS).	Tomogramm
Legal Description:	\sqrt{O}	`_(Majord United
Assessor's Property	Tax Parcel Account Numb	oer: •	
	o debtor named above ov a lien in the amount of \$	wes past-due child support. The	
All real and pers	ional property of the debi	tor named above except Tribal T	rust property.
Only the proper	rty described in the Legal	Description section above.	
August 13, 2001 Date		K. Kinnie Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100		K. Kinnie	inga amang maganan magana i karang i magang jegaka ang magana si magana ang magana si magana sa magana sa maga
Telephone Number		Person to Contact	
In reply, refer to: Case #: 60	81500		
NOTICE AND STATEMENT OF LI	IEN:		(FG REL:06/1900)