FILED FOR RECORD SKAMANIA CO. WASH BY . DSLIS

Aug 3 4 49 PN '01 Paury AUDITOR J GARY M. OLSON

DIVISION OF CHILD SUPPORT 5411 E MILL PLAIM BLDG 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

doing business as:	rker	also known as or
SSN <u>531-19-95</u>	59 DOB 02/06/74	
Grantee or Creditor: The Department	t of Social and Health Services (DSHS).	
Legal Description:		- 31
Assessor's Property Tax Parcel Accoun	it Number: .	J) 1
DSHS claims that the debtor named al Support (DCS) files a lien in the amou	bove owes past-due child support. The nt of \$6,441.83 in Skapan	Division of Child
	he debtor named above except Tribal Tr	and the same of
Only the property described in the		-or property.
	B. a stanfallan accident accident	Eng-sternit /
	assiphish above,	Andered the
The same of the sa	H. Dovid	Harrison or a second
The same of the sa		desed the
Date	H. Dovid  Authorized Representative DIVISION OF CHILD SUPPORT	Indiana (Ar
Date (360) 695-6100	M. Dovid Authorized Representative	Indiana (Ar
Date (360) 698–6100 Telephone Number	H. Dovid  Authorized Representative DIVISION OF CHILD SUPPORT  N. David	Indiana (Ar
August 01, 2001  Date  (360) 696-6100  Felephone Number  In reply, refer to:  Case #: 1314780	H. Dovid  Authorized Representative DIVISION OF CHILD SUPPORT  N. David	Indiana (Ar