## BOOK 243 PAGE 295

FILED FOR RECORD SKAMA HE WASH BY DSHS WASH MAY 29 12 21 PM \*03 CAUCHY J. MICHAEL BARVISON

**DIVISION OF CHILD SUPPORT** 

PO BOX 11520 TACOMA WA 98411-5520



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

## NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: Michael J. I doing business as:	rwin	, also known ar or
SSN <u>537-96-60</u>	094 , DOB <u>12/30/70</u> .	
Grantee or Creditor: The Departmen	nt of Social and Health Services (DSHS).	
Legal Description:		gage review
Assessor's Property Tax Parcel Accoun	nt Number: 。	Walled
Support (DCS) life; a lien in the amou	above owes past-due child support. The unt of \$3,060.00 in Skamar the debtor named above except Tribal Tri	County on:
Only the property described in the	e Legal Description section above.	
May 24, 200	J. Morgan Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100	J. Morgan	
Telephone Number	Person to Contact	
In reply, refer to: Case #: 1623382		
NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 04/1997)		(FG REL:06/1999) (3079:030524:162151) 1623382/2920