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FILE CONTROL ASIL BY DSHS

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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

doing business as:	metr at	, also known as or
SSN <u>537-80-2</u>	720 , DOB 12/2*, 72	
Grantee or Creditor: The Departme	nt of Social and Health Services ((DSHS),
Legal Description:		
Assessor's Property Tax Parcel Accou	unt Number: •	
DSHS claims that the debtor named Support (DCS) files a lien in the amo	ahove owes past-due child suppount of \$ 2,140.00 in	ort. The Division of Child Skaman*a County on:
All real and personal property of	the debtor named above except	Tribal Trust property.
Only the property described in the		
August 09, 2003	J. Burkdoll	
Date	Authorized Representative DIVISION OF CHILD SUPPO	ORT
(360) 696-6100	J. Burkdoll	
Telephone Number	Person to Confect	
In reply, refer to: Case #: 1350465		

NOTICE A' ID STATEMENT OF LIEN DSHS 09-282 (REV. 04/1997)

(FG REL:06/1990) (2373:030609:180302) 1350465/2373