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SARY M. DISON

DIVISION OF CHILD SUPPORT 5411 E NILL PLAIN BLNG 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:	itom	also known as or
SSN 518-92-9764	DOB 61/31/71	4.
Grantee or Creditor: The Department	of Social and Health Services (DSHS),	Capitelana Con
Legal Description:		Squing 181
	<i>)</i> (Walled
Assessor's Property Tax Parcel Account I	Number: .	
DSHS claims that the debtor named abo Support (DCS) files a lien in the amount	2,482.68 in Skaman:	ia County or
All real and personal property of the Only the property described in the L	debtor named above except Tribal Truegal Description section above,	ust property.
November 19, 2001 Date	S. Parr Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100 Telephone Number	S. Parr	
In reply, refer to: Case #: 1595079	Person to Contact	
NOTICE AND STATEMENT OF LIEN OSHS 09-282 (REV. 04/1997)		(FG REL:06/1999) (1580:011119:224043) 1595079/1580

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