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FILED FOR RECORD SKAMARA CO. WASH BY DSHS

JAN 16 3 36 PH 'OU OXALY J. MICHAEL SARVISON

> (FG MEL:06/1994) (3225:040108:222423) 1676312/3225

DIVISION OF CHILD SUPPORT

PO BOX 11520 TAXUSA 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: doing business as:	Rovin R. Hiller		_, also known as or
\$	SN <u>541-88-5414</u>	DOB_04/06/74	
Grantee or Creditor:	The Department of	Social and Health Services (DSHS	
Legal Description:			offrage
Assessor's Property Tax	Parcel Account Nu	mber:	0.6
	ebtor named above		
		btor named above except Tribal	County or
Only the property of	lescribed in the Lega	al Description section above.	rrust property.
January 08, 2004 Date		J. Scevenson Authorized Representative DIVISION OF CHILD SUPPORT	
(425) 438-4800 Telephone Number		J. Stevenson	
In reply, refer to: Case #: 16763		Person to Contact	
NOTICE AND STATEMENT OF LIEN DSHS 69-282 (REV. 04/1997)			