127142

BOOK 161 PAGE 996

FILED FOR RECORD SKAMP IN CO. WASH BY DSHS

Jeh 21 10 28 All '97

O X Nory

AUDITOR

GARY M. OLSON

DIVISION OF CHILD SUPPORT 5411 B MILL PLAIN BLDG 3 P O BOX 4269 VANCOUVER WA 98662-0269



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

NOTICE AND STATEMENT OF LIEN

THE STATEMENT OF LIEN		
Grantor or Debtor: Robert T. Sholdebran DOB 05/25/69	d	, SSN
Grantee or Creditor: The Department of Social	l and Health Services (DSHS).	
Legal Description:	X/I	
Assessor's Property Tax Parcel Account Number		
DSHS claims that the debtor named above owe Support (DCS) files a lien in the amount of \$	s past-due child support. The 1,064.00 in Skama	e Division of Child nia County on:
All real and personal property of the debtor	named above except Tribal T	nist propositi
Only the property described in the Legal Description section above.		
January 14, 1997	P. Taff	
Date	Authorized Representative DIMISION OF CHILD SUPPORT	
	(360) 696-6391 Telephone Number	1 3
In reply, refer to:	respirate Number	
Case #: 878670	- 1	-
NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 09 1996)		(FG REL 12/95)

(FG REL:12/95) (1315.970114.181056) 878670/1316

Exp. Harror

Edexed, Dir V

activat

, — ·

();