FILED FOR RECORD SKAPA VALO WASH BY State gwa, DSNS FEB 20 3 26 PH '97

AUDITOR

GARY H. OLSON

127385

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

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

| / \W / | DIVISION OF (| CHILD SUPPORT (DCS) | |
|--|-----------------------------|---|--|
| | NOTICE AND S | STATEMENT OF LIEN | |
| Grantor or Debtor: | | SSN | |
| | DOB <u>12/09/72</u> | | |
| Grantee or Creditor: | The Department of Social | and Health Services (DSHS). | |
| Legal Description: | | . 7 | |
| | | | |
| | | | |
| Assessor's Property 1 | Tax Parcel Account Number | | $I = J_{\mu}$ |
| DSHS claims that the Support (DCS) files a | debtor named above owe | s past-due child support. The Division 9,156.00 in Skanania | on of Child County on: |
| All real and person | onal property of the debtor | named above except Tribal Trust pro | |
| Only the propert | y described in the Legal De | escription section above | # 7 |
| | a consider in the Legal De | scription section above. | |
| February 13, 199 | 17 | W. Cowley | |
| Date | | Authorized Representative DIVISION OF CHILD SUPPORT | • |
| | | 1000 | |
| | | (360) 695-6391 Telephone Number | · · · · · · · · · · · · · · · · · · · |
| In reply, refer to: | | relephone Number | |
| Case #: 103 | 8912 | | |
| NOTICE AND STATEMENT OF LIE | | | (FG ŘEL:12/95) (2544 970213 180538) |

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