127770

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FILED FOR RECORD
SKAHANIA GO. WASH
BY DSHS

APR 3 4 48 PM '97

CAUPY

AUDITOR

GARY M. OLSON

DIVISION OF CHILD SUPPORT West 1608 Boone PO BOX 2560 Spokane WA 99220-2560



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

/ \W/ I	DIVISION C	OF CHILD SUPPORT (DCS)	
NO	TICE AND	STATEMENT OF LIE	N a
Grantor or Debtor: William DOB 12/		-(-1	, SSN
Grantee or Creditor: The Department	rtment of Soc	cial and Health Services (DSHS).
Legal Description:	- 3	K / /	>
	_		
Assessor's Property Tax Parcel /	ccount Numl	ber:	
DSHS claims that the debtor na Support (DCS) files a lien in the	med above o	wes past-due child support.]	he Division of Child Ania County on:
All real and personal proper	ty of the deb	tor named above except Triba	
Only the property described	I in the Legal	Description section above.	7
			7 7
March 30, 1997	- 4	D. Petruso	
Date	- 4	Authorized Representative DIVISION OF CHILD SUPPOR	
	- 0	(509) 456-4293	
	1	Telephone Number	
In reply, refer to:			
Case #: 1177861			
NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 09/1996)			(FG REL.12/96) (1861-970330-010125)