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BOOK 164 PAGE 259

FILED FOR RECORD SKAMAN'A CO. WASH BY DSHS

APR 9 3 95 PM '97

Xavry

AUDITOR

GARY M. OLSON

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



STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND MEAN

/\ I /	DIVISION OF C	CHILD SUPPORT (DCS)	
•	NOTICE AND S	TATEMENT OF LIEN	4.7
Grantor or Debtor: 8c	ott A. Johnson Si DB 12/15/69	, s	SSN
Grantee or Creditor: TI	he Department of Social	and Health Services (DSHS).	
Legal Description:	×		
			-
Assessor's Property Tax	Parcel Account Number:	7	_ ¬
DSHS claims that the de Support (DCS) files a lie	ebtor named above owes	past-due child support. The 2,017.00 in Skaman	
All real and persona	property of the debtor	named above except Tribal Tri	
Only the property of	lescribed in the Legal De	scription section above.	
	V	_ ()	7.1
April 07, 1997		E. Wilson	11 10
Date		Authorized Representative DIVISION OF CHILD SUPPORT	, ,
	- 6	(360) 696-6391	
In reply, refer to:	- 1	Telephone Number	
Case #: 62425	6		
NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 09-1996)	- 1		(FG REL:12/96) (2370:970407:180859)

(2370:970407:180859) 624256/2370