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FILED FOR RECORD SKAHANIA CO. WASH BY DSHS

APR 15 12 57 PM '97

CAUDITOR

GARY M. OLSON

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



DEPARTMENT	TATE OF WASHINGTON OF SOCIAL AND HEALTH SERV ON OF CHILD SUPPORT (DCS)	ICES
NOTICE A	AND STATEMENT OF LI	IEN 💮
Grantor or Debtor: Sandra K. Pater DOB 01/31/67	eau	, SSN
Grantee or Creditor: The Department o	f Social and Health Services (DSI	HS).
Legal Description:		_ \
Assessor's Property Tax Parcel Account I	Number:	_
DSHS claims that the debtor named abo Support (DCS) files a lien in the amount	ove owes past-due child support. of \$ <u>274.00</u> in <u>Sk</u>	The Division of Child
All real and personal property of the	debtor named above except Tri	bal Trust property.
Only the property described in the I	egal Description section above.	
April 13, 1997	A. Cullen	
Date	Authorized Representative DIVISION OF CHILD SUPP	ORT
/ [	(360) 696-6391 Telephone Number	
In reply, refer to: Case #: 1276057	. ''	
NOTICE AND STATEMENT OF LIEN OSHS 09-282 (REV. 09: 1996)		(FG REL:12/96) (3083 970413:04494R) 1276057/3083
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