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FILED FOR RECORD SKAMANIA CO: WASH BY __ DSHS___

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PROJECT

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 HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

·	ILD SUTFOKE (DCS)
NOTICE AND STATEMENT OF LIEN	
Grantor or Debtor: Christophe S. Reilly DOB 11/12/68	SSN
Grantee or Creditor: The Department of Social ar	nd Health Services (DSHS).
Legal Description:	
	\ ' \ \
Assessor's Property Tax Parcel Account Number:	7
DSHS claims that the debtor named above owes Support (DCS) files a lien in the amount of \$	past-due child support. The Division of Child 482.25 in Skamania County on:
All real and personal property of the debtor named above except Tribal Trust property.	
Only the property described in the Legal Description section above.	
April 17, 1997	R. Adams
Date	Authorized Representative DIVISION OF CHILD SUPPORT
, ,	(360) 696-6391
The second second	Telephone Number
In reply, refer to: Case #: 772259	
, Case # . 1/2259	

(FG REU12/96) (2997.970417.25%:56) 772259/2997

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NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 09 1995)

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