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FILED FOR RECORD SKAMANIA CO. WASH BY \_DS.HS\_

MAT 5 3 15 PM '97

PLANNY
AUDITOR
GARY M. OLSON

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



STATE OF WASHINGTON

	DIVISION OF	CHILD SUPPORT (DC5)	
		STATEMENT OF LIEN	
Grantor or Debtor:	Jeffrey K. Yohe DOB 11/12/59	, SSN	
Grantee or Creditor	: The Department of Socia	l and Health Services (DSHS).	
Legal Description:			
Assessor's Property	Tax Parcel Account Number	er:	
DSHS claims that th Support (DCS) files	e debtor named above ow a lien in the amount of \$	es past-due child support. The Di 2,064.00 in Skamania	vision of Child County on:
		or named above except Tribal Trust	property.
C Only the proper	rty described in the Legal [	Description section above.	. "
May 01, 1997 Date		M. Moen Authorized Representative DIVISION OF CHIED SUPPORT	
In reply, refer to:		(360) 696-6391 Telephone Number	
Case #: 45	0832		
NOTICE AND STATEMENT OF LI DSH5 09-282 (REV, 09/1996)	IEN	AN STORES	(FG REL:12/96) 1472:970501:180600)

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