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FILED FOR RECORD SKAMANIA CO. WASH BY DSHS

May 12 | 29 PM '97

GROWY

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)

THE PERSON OF CI	ILED SOLLOW (DCS)
NOTICE AND ST	TATEMENT OF LIEN
Grantor or Debtor: Shawn P. Sholdebrand	, SSN
DOB <u>05/16/70</u>	
Grantee or Creditor: The Department of Social a	nd Health Services (DSHS).
Legal Description:	7 7
Assessor's Property Tax Parcel Account Number:	
DSHS claims that the debtor named above owes Support (DCS) files a lien in the amount of S	
All real and personal property of the debtor i	named above except Tribal Trust property.
Only the property described in the Legal Des	cription section above
May 08, 1997	P. Taff
Date	Authorized Representative DATSION OF CHILD SUPPORT
	(360) 696-6391
	Telephone Number
In reply, refer to: Case #: 605991	
525 3 1 003331	
NOTICE AND STATEMENT OF LIEN	(FG REL:12/96)

(FG REL:12/96) (1316/970508/180738) 605991/1316

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