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ROOK 165 PAGE 445

FILED FOR RECORD SKAMANIA CO. WASH BY DSHS

MAY 21 8 45 AM '97

CLOWRY

AUDITOR

GARY M. OLSON

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



	STATE OF WASHINGTON EPARTMENT OF SOCIAL AND HEALTH SE DIVISION OF CHILD SUPPORT (DCS	RVICES
N	OTICE AND STATEMENT OF	LIEN
Grantor or Debtor: Tyrone	G. Wainright	SSN,
Grantee or Creditor: The De	epartment of Social and Health Services (D	DSHS).
Legal Description:		
Assessor's Property Tax Parce	Account Number:	
DSHS claims that the debtor Support (DCS) files a lien in t	named above owes past-due child support he amount of \$ 16,246.49 in \$	rt. The Division of Child
All real and personal prop	erty of the debtor named above except 1	Gribal Trust property
Only the property describ	ed in the Legal Description section above	<u>.</u>
7 7		7 7
May 14, 1997 Date	J. Demich	
	Authorized Representative DIVISION OF CHILD SUP	e PORT
	(360) 696-6391	
In reply, refer to:	Telephone Number	
Case #: 965099	988793	
NOTICE AND STATEMENT OF LIEN ESHS 09-282 (REV. 09 1996)	-	(FG REL 12/96)