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BOOK 166 PAGE 45
FILED FOR RECORD
SKAMANIA CO. WASH
BY _____DSHS_____

Jun 9 4 37 PM '97

PLANTY

AUDITOR

GARY M. OLSON

DIVISION OF CHILD SUPPORT 500 First Avenue S. MS: N17-28 Seattle Wa 98104-2830



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)

/ NW/ I DIVISI	ON OF CHILD SUPPORT (DCS)
NOTICE	AND STATEMENT OF LIEN
Grantor or Debtor: Michael L. Si DOB 01/31/63	s SSN
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Account	Number:
DSHS claims that the debtor named ab Support (DCS) files a lien in the amour	ove owes past-due child support. The Division of Child in Skanania County on:
	e debtor named above except Tribal Trust property.
Only the property described in the	
June 04, 1997 Date	F. Thomas
Date	Authorized Representative DIVISION OF CHILD SUPPORT
	(206) 464-7920
Carlo	reiephone Number
In reply, refer to:	Sm. wared Jan
Case #: 1155538	26 to 17 V
NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV 09 1995)	/FG REL 12/96) (3054 97/604 1808/28) 1155538/14/400