128407

FILED FOR REGORD SKAMANA CO. WASH BY DS HS

Jun 17 12 45 PM '97

PLANY

AUDITOR

GARY M. OLSON

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



| % | DEPARTMENT OF SOCI | WASHINGTON IAL AND HEALTH SERVICES IILD SUPPORT (DCS) | 1/10 |
|---|--|---|---|
| | NOTICE AND \$1 | ATEMENT OF LIEN | 8 7 |
| | Michael J. Murphy | , SSN | |
| | DOB <u>04/03/59</u> | ~ ~ ~ | |
| Grantee or Creditor: | The Department of Social a | nd Health Services (DSHS). | |
| Legal Description: | X | | * |
| | | . 7 | - |
| Assessor's Property | Tax Parcel Account Number: | | _ ~ |
| DSHS claims that the Support (DCS) files a | debtor named above ones lien in the amount of \$ | past-due child support. The Di 4,009.64 in Skamania | rision of Child County on: |
| All real and perso | onal property of the debtor n | amed above except Tribal Trust | property. |
| Only the propert | y described in the Legal Des | cription section above. | |
| | 7 | | |
| June 15, 1997 | | D. Richardson | 70 |
| Date | | Authorized Representative DIMSION OF CHILD SUPPORT | , , |
| | v | (360) 696-6391 Telephone Number | |
| In reply, refer to: | | THE PROPERTY OF | • |
| Case #: 708 | 9071 | ted xed, Elit | |
| NOTICE AND STATEMENT OF LIE DSHS 09-282 (REV. 09 1995) | | ाक्षराज्ये <u>।</u> विश्वरद | (FG REL:12.96) (2202 970615 060456) 708071 / 2202 |