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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

/ \M/ I	DIVISION	OF CHILD SUPPORT (DC2)	4. 70
	NOTICE AND	STATEMENT OF LIEN	
Grantor or Debto	r: Darrel E. Wright		SN
	DOB 04/06/69		,
Grantee or Credit	or: The Department of So	cial and Health Services (DSHS).	
Legal Description	- 41		
			-
			-
Assessor's Proper	ty Tax Parcel Account Num	ber:	_
DSHS claims that Support (DCS) file	the debtor named above o	owes past-due child support. The 5	Division of Child
_		otor named above except Tribal Tri	
_		Description section above.	
		secupiion secuon asore.	
July 01, 1997	h ad	N. Moen	W 21.62
Date	7 /	Authorized Representative	exed, Dir
- 10	- //	DIVISION OF CHILD SUPPORT	**************************************
	: '	(360) 696-6391	
40		Telephone Number	
In reply, refer to: Case #:!			¥
: Cube #	575163 921004		
NOTICE AND STATEMENT C DSHS 09-282 (REV. 09 1996)	OF LIEN		(FG REL:12/96) (1472:970701:180948)

(FG REL12/96) (1472:970701:180948) 575163/1472