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MOK 168 PAGE 645

FILED FOR RECORD SKAPANIA CO, WASH BY DSHS.___

Aug 28 4 19 PH '97

O Lowry

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
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHIED SUPPORT (DCS)

NO	HEE AND S	TATEMENT (OF LIEN	8 7
Grantor or Debtor: Lester A			, SSN	
DOB 11/1	.8/63	M 76		
Grantee or Creditor: The Depa	rtment of Social	and Health Service	es (DSHS).	
Legal Description:	700	-	- T	
	- 17%		~	
	_ 7	. "		-
and the second	-	W .		-
Assessor's Property Tax Parcel A	occount Number:	-		-
DSHS claims that the debtor na Support (DCS) files a lien in the	med above ower	s past-due child si 27,967.87	upport. The Div in Skamania	
All real and personal prope	ty of the debtor	named above exc	cept Tribal Trust	property.
Only the property describe	d in the Legal De	escription section	above.	N J
. 7		- 4		Maried Land
August 25, 1997		C. Westbroo	k	Nireci
Date	- 4	Authorizēd Repres DIMSION OF CHI		interest
		D113/0.4 01 C11	ID SCIPORI	if a law
	#	(360) 696-6	391	
	-	Telephone Number	Pr .	
In reply, refer to: Case #: 374328	1181421	500677		
Case # . 374320	1101421	520677	677459	1161091
NOTICE AND STATEMENT OF LIEN DSHS 95-282 (REV. 09 1996)	- 1			(FG REL-12/96) (2315 970825 181357) 374328/2315

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XX TERMINATION. Secured Partylies; no longer claims a security interest under the UCC-2 bearing auditors receiving number shown above.

DESCRIPTION:

August 21, 1997

7. DATED:

Jessie L. Seager

TYPE NAME(S) OF DEBTOR(S) (or assignor(s))

SIGNATURE(S) OF DEBTOR(S) (or assignor(s)) (Required if amendment)

First Independent Bank

Type Name(s) of Secured Parityles;
(or assignee(s))

SIGNATURE OF SECURED PARTICLES) for assignments)
Vice President/Manager