129154

BOOK 168 PAGE 901

FILED FOR RECORD SKAMANIA CO. WASH BY DSHS

SEP 9 9 42 AM 197

O LOUNG

AUDITOR

GARY M. OLSON

DIVISION OF CHILD SUPPORT 5411 E NILL PLAIN BLDG 3 P O BOX 4269 VANCOUVER NA 98662-0269



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

NOTICE AND STATEMENT OF LIEN			
Grantor or Debtor:	Mark A. Robinson DOB 02/12/66	1 2 m	. SSN
Grantee or Creditor	: The Department of Social	and Health Services (DSHS).	
Legal Description:	3		
Assessor's Property	Tax Parcel Account Number:		•
DSHS claims that the Support (DCS) files	e debtor named above owes a lien in the amount of \$	past-due child support. The 22,960.64 in Skana	e Division of Child  nia County on:
All real and pers	onal property of the debtor	named above except Tribal 1	
	ty described in the Legal De		in the relation
September 02, 19 Date	<del>3</del> 97	S. Canonica  Authorized Representative DIVISION OF CHILD SUPPORT	Flexid
in reply, refer to:	(	(360) 696-6391 Telephone Number	
Case #: 121	.0724		

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 09/1996) (FG REL:12/96) (1600:970902:181229) 1210724/1600

100