129514

FILED FOR RECORD SKAHANIA CO. WASH BY DSHS

Oct 15 2 45 PH '97

AUDITOR
GARY M. OLSON

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



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

/\! /	DIVISION OF CHILD SUPPORT (DCS)		
		D STATEMENT OF LIEN	
Grantor or Debtor:		4 41	SSN
Grantee or Creditor:	The Department of So	cial and Health Services (DSHS).	F
Legal Description:			
Assessor's Property T	ax Parcel Account Num	ber:	
Tranco d	neri in the amount of 3	owes past-due child support. The 27,677.00 in Skamar otor named above except Tribal T	county on:
		Description section above.	
	▶ ∠		ENG-119 IV
October 13, 1997 Date	- (K. Fisher Authorized Representative DIVISION OF CHILD SUPPORT (800) 345–9984	Stand
In reply, refer to:		Telephone Number	
Case #: 1278	904		
NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 09-1396)	·		(FG REL:12/96) (0824:971013:182133)

44.