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FILED FOR RECORD SKAMMEN OC. WASH BY DSHS\_\_\_\_

OCT 28 4 22 PK 197

CAWAY

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 CHILD SUPPORT (DCS)

NOTICE AND	O STATEMENT OF LIEN
Grantor or Debtor: Kalvin E. Johnson	, SSN
DOB <u>05/07/70</u>	~ ~ ~ ~
Grantee or Creditor: The Department of So	cial and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Account Num	ber:
DSHS claims that the debtor named above of Support (DCS) files a lien in the amount of \$	owes past-due child support. The Division of Child  4,264.50 in Skamania County on:
All real and personal property of the deb	otor named above except Tribal Trust property.
Only the property described in the Legal	Description section above.
	Physical 175
October 26, 1997	B. Wilson
Date	Authorized Representative Indirect Indirect
, ,	(800) 345-9984 Mailed
In reply, refer to:	Telephone Number
Case #: 1144407 1233107	

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 09/1995) (FG REL:12/96) (2370:971026:085059) 1144407/2370

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