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FILED FOR RECORD SKARLAIL OD WASH BY DS HS

Nov 20 12 00 PM 197 A Cowry AUDITOR O GARY M. OLSON

DIVISION OF CHILD SUPPORT 5411 R 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 STATEMENT OF LIEN	
Grantor or Debtor: Delores R. Maddux	, SSN
DOB 05/31/69	, 551
Grantee or Creditor: The Department of Social and Health Services (DSHS).	
Legal Description:	
Assessor's Property Tax Parcel Account Number:	
DSHS claims that the debtor named above owes Support (DCS) files a lien in the amount of \$	past-due child support. The Division of Child 268.00 in Skamania County on:
All real and personal property of the debtor r	named above except Tribal Trust property.
Only the property described in the Legal Description section above.	
	about Dir
November 18, 1997	J. Mendoza
Date	Authorized Representative DIMSION OF CHILD SUPPORT
	(800) 345-9984
	Telephone Number
In reply, refer to:	
Case #: 1325009	

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 09 1996)