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FILED FOR RECORD SKAMANIA GO. WASH BY DSHS

DEC 3 12 50 PH '97

CLOWRY

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   | STATEMENT OF LIEN                                       | 4.0  |
|--|---|--|
| Grantor or Debtor: Allyson L. Walker   | , SSN   |  |
| DOB 07/16/67   |   |  |
| Cranton or Craditor. The Department of Santa   | Later to the control                                    | ,  |
| Grantee or Creditor: The Department of Social  | and Health Services (DSHS).                             |  |
| Legal Description:   |   |  |
|  |   |  |
|  |   |  |
|  |   | -  |
| Assessor's Property Tax Parcel Account Numbe   | r:  | -  |
| / /  | -   | _  |
| DSHS claims that the debtor named above owe Support (DCS) files a lien in the amount of \$ | es past-due child support. The Divis 425.00 in Skamania | ion of Child<br>County on:   |
| All real and personal property of the debto  | named above except Tribal Trust p                       |  |
| _ 48   |   | operty.  |
| Unly the property described in the Legal D   | escription section above.                               |  |
|  | <u> </u>  | E Mares  |
| November 25, 1997  | J. Demich   | lenad, bir   |
| Date   | Authorized Representative                               | 100  |
| - N ' //   | DIVISION OF CHILD SUPPORT                               | (1000)<br>Cool Francisco <b>mense</b> pr<br>White  |
|  | (900) 345 0004  | TABLE TO SERVICE OF THE SERVICE OF T |
|  | (800) 345-9984<br>Telephone Number                      |  |
| in reply, refer to:  |   |  |
| Case #: 1230201  |   |  |
|  |   | (FG REL:12/96)   |
| NOTICE AND STATEMENT OF LIEN<br>DSHS 09-282 (REV. 09. 1996)                                |   | (3520 971125.182809)<br>1230201/3520   |

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