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FILED FOR RECORD SKAMARIA CO. WASH BY DS.HS

DEC 8 4 31 PH 97

COWRY

AUDITOR

GARY M. OLSON

DIVISION OF CHILD SUPPORT 5411 E 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)

/ 1W/ 1	OF CHILD SOFFORT (DCS)	
NOTICE AN	ND STATEMENT OF LIEN	4 7
Grantor or Debtor: William B. Walke	er "SSN	
DOB <u>02/16/57</u>		_
Grantee or Creditor: The Department of	Social and Health Services (DSHS).	
Legal Description:		
		-
Assessor's Property Tax Parcel Account No	umber:	_
DSHS claims that the debtor named above Support (DCS) files a lien in the amount o	e owes past-due child support. The Divis	ion of Child County on:
All real and personal property of the d	Jebtor named above except Tribal Trust p	roperty.
Only the property described in the Le	gal Description section above.	-
		Contraces /
30.	_ ! !	Padexad, Dir /
December 04, 1997	J. Demich	Kirred
Date 1	Authorized Representative DIVISION OF CHILD SUPPORT	Medical Control
//	(800) 345-9984	
manahi safar ta	Telephone Number	
In reply, refer to:	. //	

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

(FG REL:12/96) (3520:971204:181454) 444352/3520