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FILED FOR RECORD SKAMARIA CO. WASH BY DSHS

DEC 19 4 38 PM '97

PROWRY

AUDITOR

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)

/ \R/ I	DIVISION OF CIT	HED SOLLOW (DCS)	
	NOTICE AND ST	ATEMENT OF LIEN	4.7
Grantor or Debtor: Wel	don P. Wagenknecht B 01/24/69		SSN
		In the design	
Grantee or Creditor: In	e Department of Social at	nd Health Services (DSHS).	
Legal Description:	~~		
Assessor's Property Tax	Parcel Account Number:	-	
	ebtor named above owes in in the amount of \$!	past-due child support. The 5,800.00 in Skaman	
All real and personal	property of the debtor n	named above except Tribal Tr	rust property.
Only the property d	escribed in the Legal Des	cription section above.	EXPLICA
December 17, 1997 Date		J. Demich Authorized Representative DIVISION OF CHILD SUPPORT	19104 181 1986
"		(800) 345-9984 Telephone Number	¥11/2
In reply, refer to:		reteptione (valide)	
Case #: 13318	67		• *
NOTICE AND STATEMENT OF LIEN	70		(FG REL:12/96) (3520:971217:180805)