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BY DSHS

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CARY 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)

NOTICE AND STATEMENT OF LIEN		
Grantor or Debtor: Robert P. Pullman DOB 06/09/47	SSN	,
Grantee or Creditor: The Department of Social a	and Health Services (DSHS)	
Legal Description:		
Assessor's Property Tax Parcel Account Number:	V	
DSHS claims that the debtor named above owes Support (DCS) files a lien in the amount of \$	940.00 in Skamania	County on:
All real and personal property of the debtor n	named above except Tribal Trust property	
Only the property described in the Legal Desc	cription section above	
January 07, 1998 Date	K. Rucker Authorized Representative DIVISION OF CHILD SUPPORT	" <u> </u> L
In reply, refer to:	(800) 345–9984 Telephone Number	·
Case #: 1057993  NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 09 1996)	(FG REL: 12545 98: 105799	12/96) 0107.181139) 93/2545

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