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AUDITOR

GARY H. 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	
Grantor or Debtor: Anthony G. Malella DOB 06/23/45	, SSN
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 \$ 1	
	County of
All real and personal property of the debtor named above except Tribal Trust property. Only the property described in the Legal Description section above.	
	3 10 78 <u>/</u>
Harch 25, 1998 Date	P. Cullen
	Authorized Representative DIVISION OF CHILD SUPPORT
	(800) 345-9984
In reply, refer to: Case #: 908915	Telephone Number
NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REY. 09 1996)	(FS REC 12/96) (2375 980375 182022)

(FG REL-12/96) (2375 980325 182933) 908915/2375