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SKANNY POLIVASH
BY DSHS AFR 13 4 31 PH '98

CAWRY

AUGITOR

GARY M. OLSON

DIVISION OF CHILD SUPPORT 5411 E MILL PLAIN BLDG 3 P O BOX 4269 VANCOUVER WA 98662-0269



XI /I	DEPARTMENT OF SO DIVISION OF	OCIAL AND HEALTH SERVICE CHILD SUPPORT (DCS)	s :
~ · · · · ·	NOTICE AND	STATEMENT OF LIEN	i 470.
Grantor or Debtor:	Daniel R. Smith	F A N.	660
	DOB 02/04/68		, \$\$\
Grantee or Creditor	: The Department of Social	and Health Services (DSHS).	
Legal Description:			
-	- 45	. % 7	
	7.1	L 36	1
		. 7	
Assessor's Property	Tax Parcel Account Number		
		s past-due child support. Th 6,431.95 in Skama named above except Tribal i	nia County on-
Only the propert	hi dosaila di Li	- rote except initial	rust property.
— proper	y described in the Legal De	scription section above.	/
B. B.	- 10		BATTLEY J
April 09, 1998	6 -	D. O.	2007 (A)
Date		Authorized Representative DIVISION OF CHILD SUPPORT	
- 11	# 1	<u>(800)</u> 345-9984	
In reply, refer to:		Telephone Number	
Case #: 111	3530 1307086		
NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 09 1995)			(FG REL:12/96)

(0824.980409-181315) 1113530/3334