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FILED FOR RECORD SKAMANIA CO. WASH BY ST JAWA DENS

Jun 17 2 16 PM '98

SUMUSOR

AUDITOR

GARY M. OLSON

131945

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: Robert B. June	. S	SN
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 abo Support (DCS) files a lien in the amount	ove owes past-due child support. The D	ivision of Child
	e debtor named above except Tribal Trus	County on:
Only the property described in the	Legal Description section above.	impared 7
June 10, 1998	H Buch	MINI V
⊤ Date	H. Hughes Authorized Representative DIVISION OF CHILD SUPPORT	World W.W.
\ \	(800) 345-9984	
In reply, refer to:	Telephone Number	
Case #: 675558		
NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 09: 1996)		(FG REL 12/95) (2781-980610 181545) 675558/2781