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FILED FOR HEGORD SKAMARIE DO WASH

Jun 30 9 17 All 198

PROWAY

AUDITOR

GARY H. OLSON

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



STATE OF WASHINGTON

7511/ 1	DEPARTMENT OF S DIVISION OF	OCIAL AND HEALTH SERVICE CHILD SUPPORT (DCS)	5 Th 10
		STATEMENT OF LIEN	ı .
Grantor or Debtor:	Mervyn R. Swank DOB 02/21/51	/ <u>*</u>	, SSN
Grantee or Creditor	: The Department of Soci	al and Health Services (DSHS).	_
Legal Description:	_ X		
Assessor's Property	Tax Parcel Account Numbe	er:	-
DSHS claims that the Support (DCS) files	e debtor named above ow a lien in the amount of \$	es past-due child support. The 6,946.75 in Skama	e Division of Child
All real and pers	onal property of the debto	or named above except Tribal	Trust property.
		Description section above.	
June 22, 1998			Paris In I
Date		K. Pisher Authorized Representative DIVISION OF CHILD SUPPORT (800) 345-9984	Kilka
In reply, refer to: Case #: 798	761	Telephone Number	

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 09-1996)

(FG REL:12/96) (0824.980522:181810) 798761/0824