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FILED FOR RECORD
SKAHLANIA COLWASH
BY DSHS

Jul 27 3 11 PM '98

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AUDITOR

GARY 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

/ <b>\#/ I</b>	DIVISION OF	CHILD SUPPORT (DCS)	, , ,
		STATEMENT OF LIEN	-
Grantor or Debtor: L	eonard A. Horeno OOB 03/23/75		SSN
Grantee or Creditor:	The Department of Social	and Health Services (DSHS).	
Legal Description:	X		Section IV
Assessor's Property Ta	x Parcel Account Number	E	Elia II parter research
	en in the amount of \$ _		La County on:
		named above except Tribal Tr	st property.
☐ Only the property	described in the Legal De	escription section above.	
July 23, 1998 Date		T. Hamond Authorized Representative DIVISION OF CHILD SUPPORT	7(
In reply, refer to: Case #: 11622	206 1314225	(360) 696-6391 Telephone Number	
NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 09-1996)			(FG REL:12/96) (3155-980723-181247) 116-2706-(21-55