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FILED FOR RECORD SKAMANIA CO. WASH BY DSHS

Aug 28 4 51 PH '98

CX OWRY

AUDITOR

GARY M. OLSON

DIVISION OF CHILD SUPPORT 6135 Martin Way PO Box 9209, MS: 45864 Olympia Wa 98507-9209



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)

NOT	ICE AND STATEMENT OF LIEN	- 1
Grantor or Debtor: Nicholas 1  DOB 10/13	8. Brainard )/48	SSN
Grantee or Creditor: The Depart	ment of Social and Health Services (DSHS).	
Legal Description:		
Assessor's Property Tax Parcel Acc	count Number:	
All real and personal property	of the debtor named above except Tribal In	ia County on:
City the property described in	n the Legal Description section above.	$\sim$
August 23, 1998 Date	K. Lake-Baker Authorized Representative DIMISION OF CHILD SUPPORT	mered, the
In reply, refer to:	(360) 438-8510 Telephone Number	No. 19
Case #: 1187143	489077	
NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 09: 1996)		(FG REL:12/96) (2844/980823:005751) 1187142/2944