BOOK 182 PAGE 34

FILED FOR PEGORD SKAMAN + OO, WASH E) Shok of WA, DSAS E) Shok of WA, DSAS

Det 19 2 36 PH 198

WITHOUT OR

GARY H. OLSON

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



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

7 W 1	sk of chied soff Okt (DCs)	
NOTICE A	AND STATEMENT OF LIER	. P
Grantor or Debtor: David O. Sweaz		SSN
DOB 12/17/48		
Grantee or Creditor: The Department of	of Social and Health Services (DSHS)	
Legal Description:	# . M	Breath and 1975
		overed to
Assessor's Property Tax Parcel Account	Number:	172 42 5 1 2 42 5
DSHS claims that the debtor named abo Support (DCS) files a lien in the amoun	ove owes past-due child support. T Lof S <u>12,536.79</u> in Skan	
All real and personal property of the	e debtor named above except Tribal	Trust property.
Only the property described in the	Legal Description section above	
		# W
B. 3b	~~ \ \ .	11 15
October 15, 1998 Date	K. Fisher	/ ~
DATE :	Authorized Representative DIVISION OF CHILD SUPPOR	
	(360) 696-6391	
<i>-</i> "	Telephone Number	
In reply, refer to:	tereprone transce	
Case #: 842772	L //	
NOTICE AND STATEMENT OF LIEN DSHS 09-262 (REV. 09 1996)		(FG REL-12/96) (0824-981015-181205) 942-772-7092-4

(0824.981015.181205) 842772/0824

