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SKAMAL LO FASH
BY DS HS ATT 15 3 49 Fil 199

CARY M. OLSON

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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

/ \M / 1 _"	DIVISION OF	CHILD SUPPORT (DCS)	
N	OTICE AND	STATEMENT OF LI	EN
Grantor or Debtor: Earry DOB 02	A. Sheets 2/01/66	- (-	_, SSN
Grantee or Creditor: The De	partment of Socia	l and Health Services (DSH	s).
Legal Description:			
			~
	400	- N 7	-
Assessor's Property Tax Parce	Account Numbe	r:	
DSHS claims that the debtor Support (DCS) files a lien in the	named above owe	es past-due child support. 11,625.50 in Ska	The Division of Child
_		r named above except Trib	
Only the property describ			\neg
7 7			Mezed (6
April 13, 1999		J. Demich	Misect
Oate		Authorized Representative DIVISION OF CHILD SUPPOR	Himed Nata
		(360) 696-6391	
In reply, refer to:		Telephone Number	
Case #: 797488	844350		
NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 09/1996)			(FG REL:12/96) (3520:990413:184105)

797488/3520