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KAY 12 4 31 PH '93

PLOWING

AUGUSTOR

GARY N. OLSON

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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

/ \M/ I	DIVISION OF	CHILD SUPPORT (DCS)	
N	OTICE AND	STATEMENT OF LIEN	-
Grantor or Debtor: Don 07		. 551	. حضور
Grantee or Creditor: The De	partment of Social	and Health Services (DSHS).	etimen e
Legal Description:	_X		
Assessor's Property Tax Parcel	Account Number		
— Support (ECS) files a fier in th	ne amount of \$	s past-due child support. The Div 18,303.00 in Skamania named above except Tribal Trust	County on:
Only the property describ			Intraine /
May 10, 1999 Date		A. Cullen Authorized Representative DIVISION OF CHIED SUPPORT	edered to /
In reply, refer to:		(360) 696-6391 Telephone Number	
Case #: 1346165	1039714		

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 09-1995)

(FG REL:12/95) (3083.990510:181729) 1346165/3083