136733

BOOK 194 PAGE 674

FILL FORD ORD SKAT DSHS Mor 4 9 27 11 193 Oxamy GARY 11. 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
DIVISION OF CHILD SUPPORT (DCS)

NOTICE AND STATEMENT OF LIEN	
Grantor or Debtor: Barbara L. Jack doing business as:	kson, also known as or
SSN	DOB 11/01/56
Grantee or Creditor: The Department o	f Social and Health Services (DSHS)
Legal Description:	lednied the land
	Verei .
Assessor's Property Tax Parcel Account N	Number:
The arround	County on
Only the property described in the L	debtor named above except Tribal Trust property. egal Description section above.
November 01, 1999 Date	B. Munoz Erwin
,, ,	Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696–639 <u>1</u> Telephone Number	B. Munoz Rewin Person to Contact
In reply, refer to:	result at CORPO

Casé #: 1021318 NOTICE AND STATEMENT OF LIEN DSHS 89-242 (REV. 04/1997)

1459956

(FG REL:08/1995) (2133:991101:031422) 1021318/2133