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Hor 3 3 56 PH '00 PLOWRY AUDITOR O GARY M. OLSON

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



NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. OV 1997) STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: Tia M. Shafer doing business as:	, also known as or
SSN	, DOB <u>12/27/76</u>
Grantee or Creditor. The Department of	Social and Health Services (DSHS)
	Ing weit
Legal Description:	legeres to /
	A Division of the Contract of
4 No. 1 1	B *ferred
	A STATE OF THE PARTY OF THE PAR
Assessor's Property Tax Parcel Account N	Number:
DSHS claims that the debtor named about	and the second s
Support (DCS) files a lien in the amount	ve owes past-due child support. The Division of Child
All real and personal property of the	debtor named above except Tribal Trust property.
Only the property described in the L	
, and provide a second at the	ega Description section above.
November 02, 2000	J. Demich
Date	Authorized Representative
	DIVISION OF CHILD SUPPORT
(360) 696-6100	J. Demich
Telephone Number	Person to Contact
In reply, refer to:	
Case #: 1450247	

(FG REL.05/1999) (3520 001102.030847) 1450247/3520