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FILED FOR RECORD
SKAHANIA CO. WASH
BY DS HS

Jan 30 | 29 PM '01

COWNY

AUDITOR

GARY M. OLSON

DIVISION OF CHILD SUPPORT 5415 EVERGREEN WAY FO BOX 4282 EVERETT WA 98203-9282



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

## NOTICE AND STATEMENT OF LIFN

	OWENTERATED OF FIFTA	
Grantor or Debtor: Frank Deleon doing business as:	<del>-44</del>	also known as or
SSN	DOB 05/21/57	
Grantee or Creditor: The Department of Soci	ial and Health Services (DSHS).	
Legal Description:		edesed U
Assessor's Property Tax Parcel Account Numb	er: .	24.63
DSHS claims that the debtor named above ov Support (DCS) files aren in the amount of \$	7,550.16 in Skaman	ia County on:
Only the property described in the Legal I		ust property.
January 23, 2001  Date	T. Norton Authorized Representative DIMISION OF CHILD SUPPORT	<i>,</i> ,
(425) 438-4800	T. Norton	
Telephone Number	Person to Contact	
in reply, refer to:		
Case #: 1261487		
NOTICE AND STATEMENT OF LIEN		(FO OF) 44

(FG REL:06/1999) (1844:010123:221301) 1261487/1844