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FILED FOR REGORD
SKAMARIZ CO. WASH
BY. DSHS

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MICOSUL

AUDITOR

GARY M. OLSON

DIVISION OF CHILD SUPPORT 5411 B MILL PLAIN BLDG 3 PO BOX 4269 VANCOUVER WA 98682-0099



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

NOTICE AND STATEMENT OF LIEN

HOHEL AND	SIMILIATIAL OF FIELD	4 7
Grantor or Debtor: Connie B. Williams doing business as:		also known as or
SSN	, DOB <u>10/20/66</u>	
Grantee or Creditor: The Department of Soc	ial and Health Services (DSHS).	19 may
Legal Description:	. W.	drive to
		No.
Assessor's Property Tax Parcel Account Numb	er: •	
DSHS claims that the debtor named above ov Support (DCS) files a lien in the amount of \$ All real and personal property of the debtor	5,189.00 in <u>Skaman</u>	ia County on:
Only the property described in the Legal I	Description section above.	
March 26, 2001 Date	S. FOSSUM Authorized Representative DMSION OF CHILD SUPPORT	, ,
(360) 696-6100	S. Fossum	
In reply, refer to: Case #: 1471809	Person to Contact	
NOTICE AND STATEMENT OF LIEN OSHS 09-282 (REV. 04/297)		(FG REL-08/1999) (9893:010326:224118)