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FILED FOR RECORD SKAMANIA CO. WASH BY DSHS HAY 10 2 54 PH '01

COUNTY

AUDITOR

GARY M. OLSON

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



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

	NOTICE ANI	D STATEMENT OF LIE	N 🚜 🐃
Grantor or Debtor: doing business as:	Steven J. Bennett , also known as or		
	SSN	_, DOB <u>01/17/55</u> .	
Grantee or Creditor	: The Department of So	cial and Health Services (DSHS)).
Legal Description:	\sim		topicone is
Assessor's Property	Tax Parcel Account Num	ber: .	23.01
All real and pers	onal property of the deb	wes past-due child support. To a 3,499.00 in Skan otor named above except Tribal Description section above.	ania County on:
May 03, 2001	_	H. David Authorized Representative) /
(360) 696-6100	_ (DIVISION OF CHILD SUPPORT M. David	
Telephone Number in reply, refer to: Case #: 41	7165	Person to Contact	
NOTICE AND STATEMENT OF LIE			FC SELVE UPON

(1579:010503:211441) 417165/1579