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AUDITOR

GARY M. OLSON

DMSION OF CHILD SUPPORT 1002 N 16TH AVENUE PO BOX 22510 YAKINA WA 98907-2510



MOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 04/1997) STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DMISION OF CHILD SUPPORT (DCS)

NOTICE AND STATEMENT OF LIEN

Crantor or Debtor: Conrad A. Bia	ele,a	so known as or
555%	, DOB 10/18/63	
Crantee or Creditor: The Department	of Social and Health Services (DSHS).	
egal Description:		
Assessor's Property Tax Parcel Accoun	t Number:	
OSHS claims that the debtor named a support (DCS) files a lien in the amou	bove owes past-due child support. The Dint of \$	vivision of Child County on:
All real and personal property of the	he debtor named above except Tribal Trus	
Only the property described in the		Supervise (a)
ugust 02, 2601	V. Kusske	186.05
Aite	Authorized Representative DIVISION OF CHILD SUPPORT	Valves
509) 24 9 6 070	V. Kusske	
elephone Number	Person to Contact	
reply, refer to:	//	
Com A. Ornina		

(FG REL:05/1999) (0247:010802:215525) 757626/3738