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AUDITOR

GARY H. OLSON

DMSION OF CHILD SUPPORT 5411 R 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		
Grantor or Debtor: Troy D. Knight doing business as:		, also known as or
SSN	DOB <u>06/05/79</u>	•
Grantee or Creditor: The Department of Soci	ial and Health Services (DSHS).	
Legal Description:		
Assessor's Property Tax Parcel Account Numb DSHS claims that the debtor named above ov Support (DCS) files a lien in the amount of \$	ves past-due child support. Th	nia County on:
All real and personal property of the debt	or named above except Tribal "	Trust property.
Only the property described in the Legal	Description section above.	Eng-treme
Hovember 14, 2001	R. Larson	adirect .
(360) 696-6100	Authorized Representative DIVISION OF CHILD SUPPORT R. LAISON	Threat
Telephone Number	Person to Contact	
In reply, refer to: Case #: 1527020		

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