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DSHS DEC 31 3 24 PH 'OI

GARY M. OLSON

DIVISION OF CHILD SUPPORT 500 M MORALM \$2210 PO BOX 5550 KIRMENTICK WA 99336-0550



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

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: doing business as:	Shelly K. Brock	2	, also known as or
	SSP	DOB <u>07/03/73</u> .	
Grantee or Creditor: The Department of Social and Health Services (D5HS).			
Legal Description:	×		۱ د
<i>₹</i>	_	. 🤛 .	-
Assessor's Property	Tax Parcel Account Numb	er:	
DSHS claims that the Support (DCS) files	he debtor named above on a lien in the amount of \$	wes past-due child support. The 400.00 in Skam	
All real and per	sonal property of the debt	or named above except Tribal	Trust property.
Only the property described in the Legal Description section above.			
200	35		figdinal b
December 25, 29 Date	301	D. LOOMIS Authorized Representative DMISION OF CHILD SUPPORT	<u> </u>
(509) 374-2000	_ //	D. Loomis	777
Telephone Number		Person to Contact	*
In reply, refer to: Case #: 1	341894		
NOTICE AND STATEMENT OF	ten .		

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