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FILED FER TECORD SKARAFIA FOR WASH BY DSHS WASH HAY 3 12 28 PH 102 NAW TORY
J. HICHAEL GARVISON

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

Grantor or Debtor: Louanna L. Daniels doing business as:	, also known as or
SSN	, DOB 07/27/64
Grantee or Creditor: The Department of So	cial and Health Services (DSHS).
Legal Description:	Imperior to the state of the st
Assessor's Property Tax Parcel Account Num	ber:
	wes past-due child support. The Division of Child 2,548.00 in Skamania County on: tor named above except Tribal Trust property.
Orly the property described in the Legal Description section above.	
April 30, 2002 Oate	J. Zimmer Authorized Representative DIMSION OF CHIED SUPPORT
(360) 696-6100 Telephone Number	J. Zimmer
In reply, refer to:	Person to Contact
Case #: 1260094 980901	1057638
NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. OV 1997)	(FG REL08/1999) (2832-0204)30-010254) 1260004/7822