146457

BOOK 231 PAGE 791

DS HS

Nor 5 10 10 LH '02

Coawry

J. MICHAEL VISON

DIVISION OF CHILD SUPPORT PO BOX 9008

CLIMPIA WA 98507-9008



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

/ \W / I	DIAI2IÓM OL	CHILD SUPPORT (DCS)	
,	NOTICE AND	STATEMENT OF LIE	N
Grantor or Debtor: doing business as:	Kristin M. Taylor	+	_, also known as or _,
	SSN	DOB <u>03/17/77</u>	
Grantee or Creditor	: The Department of Socia	and Health Services (DSHS).
Legal Description:			editted fr.
	\)		The state of the s
Assessor's Property	Tax Parcel Account Number	::: • • • • • • • • • • • • • • • • • •	No. of Lot
DSHS claims that th Support (DCS) files	ne debtor named above ow a lien in the amount of \$	es past-due child support. 948.51 in Ska	
All real and pers	sonal property of the debto	or named above except Triba	Trust property.
Only the proper	rty described in the Legal C	Description section above.	ノヽ
October 29, 200	12	R. Cumings	
Dide 51	- N	Authorized Representative DIVISION OF CHILD SUPPORT	
(800) 442-5437	<u></u>	R. Cumnings	
Telephone Number	70.	Person to Contact	
In reply, refer to:	7	· · · · · · · · · · · · · · · · · · ·	

(FG REL-08/1988) (1219:021029:095452 1612424/1527

Case #: 1612424

NOTICE AND STATEMENT OF LIEN DSH5 09-282 (REV. DV1997)

71