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FILED POLICEOURD SKAMPY DEGORD B. DSHSHASH JAN 28 3 24 PM 103 QXALYY J. MICHAEL SARVISON

DIVISION OF CHILD SUPPORT

PO POX 11520 TACOMA WA 98411-5520



NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 04/1997) STATE OF WASHINGTÓN DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: Edward doing business as:	R. Raulerson	, also known as or
SSN	, DOB <u>01/08/50</u>	
Grantee or Creditor: The Dep	partment of Social and Health Services (DSI-	IS). !Y. 111146
legal Description:	- 1	agricus in
		VIII.
Assessor's Property Tax Parcel	Account Number: .	
copport (o co) inca a neri ni (ii)		mania County on:
All real and personal prope	erty of the debtor named above except Trib	al Trust property.
	ed in the Legal Description section above.	
January 22, 2003	G. Hand	//
O at C	Authorized Representative DIMSION OF CHILD SUPPORT	
(360) 696-6100	G. Hand	-
Telephone Number	Person to Contact	
In reply, refer to:		
Case #+ 1588206		

(FG REL:06/1999) (3817:030122:02134) 1588296/3817