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BOOK 240 PAGE 632

DSHS 18 9 37 LH '03 DSWNy

J. MICH SON

DIVISION OF CHILD SUPPORT 1002 N 16TH AVENUE PO BOX 11520 TACONA WA 98411-5520



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

NOTICE AND STATEMENT OF LIEN

| | A* = | 9 7 |
|--------------------------------------|---|--------------------|
| doing business as: | iggs | , also known as or |
| SSN | , DOB 06/23/80 | |
| Grantee or Creditor: The Departmen | nt of Social and Health Services (DSHS). | |
| Legal Description: | J 1 . | IN-mine. |
| | - 1 | ledered Un |
| | | Places |
| | | 96/94 |
| Assessor's Property Tax Parcel Accou | nt Number | |
| support (DCs) ries a lien in the amo | above owes past-due child support. The unt of \$ | Lia County on: |
| _ | ne Legal Description section above. | II |
| April 08, 2003 | W. Hartsock | 3 7 |
| Date | Authorized Representative DIMSION OF CHILD SUPPORT | |
| <u>(509) 249-6000</u> | W. Hartsock | |
| Telephone Number | Person to Contact | |
| In reply, refer to: | | 5 |
| Case #: 1647283 | The second second | |

(FG REL:05/1999) (1728:030408:013703) 1647283/1728