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SOOR 244 186- 961

DSHS

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DMISION OF CHILD SUPPORT

PO BOX 11520 TACOMÁ WA 98411-5520



NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 04 1)97) STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)

NOTICE AND STATEMENT OF LIFN

*	MOTICE A	AD STATEMENT	OL FIELA	
Grantor or Debtor: doing business as:	John E. Kovac		, also ki	nown as or
	SSN	, DOB 11/25/49		,
Grantee or Creditor:	The Department of	Social and Health Servi	ces (DSHS).	. *
Legal Description:	\sim			
Assessor's Property	ax Parcel Account N	umber:	- 54	_ ~
DSHS claims that the Support (DCS) files a	debtor named above tien in the amount o	e owes past-due child: of \$1,086.00	support. The Division in Skamania	on of Child County on:
All real and perso	onal property of the o	debtor named above ex	ccept Tribal Trust pre	operty.
Only the proper	y described in the Le	gal Description section	above.	\vee
September 06, 20	003	R . Rennedy Authorized Represen DIVISION OF CHILD		
(360) 696-6100 Telephone Number	- (K. Kennedy Person to Contact		
In reply, refer to:	2412			

(FG REL:06/1999) (3387:530906.150650) 853417/3387