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DIVISION OF CHILD SUPPORT

PO BOX 11520 TACONA WA 98411-5520



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

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: Daniel L. Martinez	, also known as or
doing business as:	
SSN	_, DOB <u>10/09/80</u>
Grantee or Creditor: The Department of So	cial and Health Services (DSHS),
Legal Description:	
Assessor's Property Tax Parcel Account Num	
	owes past-due child support. The Division of Child
All real and personal property of the deb	otor named above except Tribal Trust property.
Only the property described in the Legal Description section above.	
December 16, 2003	M. Combs
Date	Authorized Representative DIMSION OF CHILD SUPPORT
(360) 696-6100	M. Combs
Telephone Number	Person to Contact
In reply, refer to: Case #: 1743684	

(FG REL:06/1999) (2539:031218:22124) 1743684/2639