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J. MICHAEL GARVISON
AUDITOR
Fee: \$0.00

DIVISION OF CHILD SUPPORT

PO BOX 11520 TACOMA WA 98411-5520



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

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: doing business as:	Benjamin J. Obay		, also known as or
	SSN	DOB <u>01/19/82</u> .	4
Grantee or Creditors	: The Department of Socia	al and Health Services (DSHS).	- 1
Legal Description:	\sim	` _(
Assessor's Property	Tax Parcel Account Number	er: •	
	e debtor named above ow a lien in the amount of \$	ves past-due child support. Th	
All real and pers	onal property of the debto	or named above except Tribal	Trust property.
Only the proper	rty described in the Legal I	Description section above.	
April 28, 2004		B. Hill	
Date		Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100		B. Hill	
Telephone Number		Person to Contact	· · · ·
In reply, refer to:			

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 04/1997)

Case #: 1704222

(FG REL:06/1999) (3466:040428:223731) 1704222/3466