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J. MICHAEL GARVISON
AUDITOR
Fee: \$6.00

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DIVISION OF CHILD SUPPORT

PO Box 11520

Tacoma 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: doing business as:	Robert E. Roberson		, also known as or
	SSN	DOB <u>01/21/63</u>	
Grantee or Creditor:	The Department of Social	and Health Services (DSHS	0).
Legal Description:	\sim	` _(77
Assessor's Property	Tax Parcel Account Number	er; .	
	e debtor named above ow a lien in the amount of \$	es past-due child support. T	
All real and pers	onal property of the debto	or named above except Triba	l Trust property.
Only the proper	ty described in the Legal C	Description section above.	
April 28, 2004		R. Lenz	
Date		Authorized Representative DIVISION OF CHILD SUPPORT	•
(253) 922-0454		R. Lenz	
Telephone Number		Person to Contact	
In reply, refer to: Case #: 53	35736	•	