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of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$8.06

**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:	Susan M. Oliver		, also known as or
doing business as:			•
			•
	SSN	DOB <u>03/12/65</u> .	4.
Grantee or Creditor	: The Department of Soci	and Health Services (DSHS).	_ \
Legal Description:	$\sim$	, (	131
- 4			1 4
Assessor's Property	Tax Parcel Account Number	er: •	
	e debtor named above ow a lien in the amount of \$	es past-due child support. The	
All real and pers	onal property of the debto	or named above except Tribal T	rust property.
Only the proper	rty described in the Legal I	Description section above.	
	` `		
March 27, 2006		L. Dhanens	
Date		Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100		L. Dhanens	
Telephone Number		Person to Contact	
In reply, refer to:		• .	
Case #: 19	00089		

(FG REL:06/1999) (1314:060327:230920) 1900089/1314