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BOOK 200 PAGE 235

FILED IN THE
SKAMIA COUNTY CLERK
BY DSHS

JUN 20 2 24 PM '00

AMSER
ALL FOR
GARY N. OLSON

DIVISION OF CHILD SUPPORT
5411 E MILL PLAZA, BLDG 3
P O BOX 4209
VANCOUVER WA 98662-0269



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

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: Michael P. Harvey, also known as or
doing business as: _____

SSN 544-56-9632 DOB 11/10/46

Grantee or Creditor: The Department of Social and Health Services (DSHS).

Legal Description:

Assessor's Property Tax Parcel Account Number: .

DSHS claims that the debtor named above owes past-due child support. The Division of Child Support (DCS) files a lien in the amount of \$ 10,544.93 in Skamania County on:

☒ All real and personal property of the debtor named above except Tribal Trust property.

☐ Only the property described in the Legal Description section above.

June 18, 2000

Date

R. Young

Authorized Representative
DIVISION OF CHILD SUPPORT

(360) 696-6100

Telephone Number

R. Young

Person to Contact

In reply, refer to:

Case #: 863454

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

(PG REL:4/1899)
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