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BOOK 182 PAGE 365

FILED FOR RECORD  
SKAMIA CO. WASH  
BY State of WA, DSHS

OCT 19 2 42 PM '98

W. M. OBER  
AUDITOR  
GARY H. OLSON

DIVISION OF CHILD SUPPORT  
5411 E MILL PLAIN BLDG 3  
P O BOX 4269  
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: Gustavo B. Vazquez SSN [REDACTED]  
DOB 07/14/61

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 \$ 25,595.00 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.

October 14, 1998  
Date

L. Suydam  
Authorized Representative  
DIVISION OF CHILD SUPPORT

(360) 696-6391  
Telephone Number

In reply, refer to:  
Case #: 462637

NOTICE AND STATEMENT OF LIEN  
DSHS 09-232 (REV. 09-1996)

(FG REL12/96)  
(2956 981014 180904)  
462637/2956

OCT 13 '98 09:57 SIRI WILEY MORELLO  
10-12-1998 1:24PM FROM SCARLETTA GAGLIARDI FAX 309 447 4185

BOOK 182 PAGE 370

P.2 P.2

# PROPERTY OWNER'S REQUEST FOR REMOVAL OF CLASSIFICATION OR DESIGNATION AS FOREST LAND

To SCARLETTA

County Assessor.

I hereby request removal of my land from forest land ☒ classification ☐ designation in accordance with Chapter 64.03 RCW. The complete legal description is:

NORTHEAST 1/4 - SOUTHWEST 1/4 of SECTION 33 - TOWNSHIP 2N - RANGE 6 E

This request removal includes ☒ all ☐ part of the property originally classified/designated as forest land. The land was classified/designated as forest land on 1975 and the approved application was filed under County Auditor's Record No. BOOK 57 PAGE 893. I declare that I am aware of the liability for removal from classification or designation to the following extent:

1. Cost of filing the Request for Removal of the land with the County Auditor, and
2. A compensating tax shall be imposed upon the land based on the following procedure:

Time & Fair Value of Land at Time of Removal	Loss	Classified Forest Land Value at Time of Removal	Multiplied By	Lost Levy Rate Extended Against Land	Multiplied By	No. of Years in Classification or Designation (Not to Exceed 10)
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I understand that the compensating tax and applicable interest becomes a lien on the land until fully satisfied.



Alan Cagelli

Printed Name of Property Owner

3003 NE K St

Address

Postland OR 97224

City, State, Zip Code

503-281-9106

Phone Number

10/12/98

Date

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12/14/98 09:11 44-00-00