

BOOK 195 PAGE 4

FILED FOR RECORD
SKAMIA CO. WASH
BY DSHS

Nov 15 4 33 PM '99

Amusee
AUDITOR
GARY H. OLSON

136834

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: Michael L. Mocann, also known as or
doing business as: _____

SSN [REDACTED], DOB 01/22/77

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 \$ 2,062.00 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.

November 09, 1999
Date

(360) 696-6391
Telephone Number

In reply, refer to:
Case #: 1410555

K. Anderson
Authorized Representative
DIVISION OF CHILD SUPPORT

K. Anderson
Person to Contact

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

(FG REL-06/1998)
(0824-901109-222626)
1410555/3803