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BY DSHS

Oct 12 11 32 AM '01
O'Larry
AUDITOR
GARY H. OLSON

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

SSN [REDACTED], DOB 05/29/62

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

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 \$ 1,096.00 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 09, 2001
Date

(360) 696-6100
Telephone Number

In reply, refer to:
Case #: 1600429

K. Nomeland
Authorized Representative
DIVISION OF CHILD SUPPORT

K. Nomeland
Person to Contact

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

(FG REL-06/1998)
(2922-011006:002815)
1600429/2922

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