150545

BOOK 251 PAGE 494

DIVISION OF CHILD SUPPORT

PO BOX 11520 TACOMA WA 98411-5520



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

## NOTICE AND STATEMENT OF LIEN

	The state of the s
Grantor or Debtor: Scott A. Niday doing business as:	, aiso known as or
oonig business as:	
SSN	_, DOB <u>06/16/67</u>
Grantee or Creditor: The Department of So	cial and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Account Num	iber: •
DSHS claims that the debtor named above of Support (DCS) files a lien in the amount of S	owes past-due child support. The Division of Child  2,712.00 in Skamania County on:
	otor named above except Tribal Trust property.
Only the property described in the Legal Description section above.	
September 27, 2003	D. Orr
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100	D. Orr
Telephone Number	Person to Contact
In reply, refer to:	Court to Contact
Case #: 939464 1074670	

(FG REL:06/1999) (9893:030927 094735 939464/3334