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of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$0.00

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

Grantor or Debtor:	Louis K. Seims	_, also known as or
doing business as:,		
		/ A >
	SSN, DOB <u>07/01/72</u>	1 / P .
Grantee or Creditor: The Department of Social and Health Services (DSHS).		
Legal Description:		
Assessor's Property Tax Parcel Account Number: .		
	e debtor named above owes past-due child support. The alien in the amount of \$ in in	
All real and pers	onal property of the debtor named above except Tribal	Trust property.
☐ Only the proper	ty described in the Legal Description section above.	<u> </u>
February 07, 20	04 K. Kennedy	
Date	Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100	K. Kennedy	•
Telephone Number	Person to Contact	
In reply, refer to:		
Case #: 10	68416	
NOTICE AND STATEMENT OF LII DSHS 09-282 (REV. 04/1997)	:N	(FG REL:06/1999) (1579:040207:214342) 1068416/3387