Doc # 2004152851
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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: doing business as:	Samira Steinmeyer		also known as or
	SSN :	OOB <u>07/19/83</u> .	4
Grantee or Creditor:	: The Department of Socia	and Health Services (DSHS).	_ \
Legal Description:	$\sim$		3
- 1			
Assessor's Property	Tax Parcel Account Numbe		
		es past-due child support. The 914.90 in Skama	
All real and pers	onal property of the debto	r named above except Tribal T	rust property.
☐ Only the proper	rty described in the Legal D	escription section above.	
April 27, 2004		J. Demich	
Date		Authorized Representative DIVISION OF CHILD SUPPORT	• .
(360) 696-6100		J. Demich	· <del></del>
Telephone Number		Person to Contact	
In reply, refer to:			

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

Case #: 1743014

(FG REL:06/1999) (3520:040427:222410) 1743014/3520