Doc # 2004152892
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Date: 05/07/2004 02:45P
Filed by: DEPT OF SOCIAL & HEALTH SVCS
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON AUDITOR
Fee: \$0.66

(FG REL:06/1999) (1472:040504:233427) 1491397/1472

DIVISION OF CHILD SUPPORT

PO BOX 11520 TACOMA WA 98411-5520



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

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

NOTICE AND STATEMENT OF LIEN

SSN DOB 01/15/58 Grantee or Creditor: The Department of Social and Health Services (DSHS). Legal Description:
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 \$ 500.00 in Skamania County or
All real and personal property of the debtor named above except Tribal Trust property.
Only the property described in the Legal Description section above.
May 04, 2004 M. Moen
Date Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100 M. Moen
Telephone Number Person to Contact
In reply, refer to: Case #: 1491397