Doc # 2004153639
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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: Ayron M. Wisecarve doing business as:	n, also known as or
SSN	, DOB 10/03/73
Grantee or Creditor: The Department of So	cial and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Account Number: .	
DSHS claims that the debtor named above support (DCS) files a lien in the amount of S	owes past-due child support. The Division of Child  3
All real and personal property of the del	otor named above except Tribal Trust property.
Only the property described in the Lega	l Description section above.
July 07, 2004	V. Russell
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100	V. Russell
Telephone Number	Person to Contact
In reply, refer to:	
Case #: 1685270 175089	96

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 04/1997) (FG REL:06/1999) (2640:040707:011104) 1685270/2640