Doc # 2004153740
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Date: 07/15/2004 02:29P
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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: Robert C. Newton doing business as:	, also known as or
SSN	OOB 04/29/66
Grantee or Creditor: The Department of Social	and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Account Number: •	
DSHS claims that the debtor named above owe Support (DCS) files a lien in the amount of \$	
Only the property described in the Legal Description section above.	
July 10, 2004 Date	L. Carr Authorized Representative DIVISION OF CHILD SUPPORT
(425) 438-4800	L. Carr Person to Contact
Telephone Number In reply, refer to:	reison to Contact
NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 04/1997)	(FG REL:06/1999) (2267:040710:192152) 853029/2267