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J. MICHAEL GARVISON

**AUDITOR** Fee: \$0.00

**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

Grantor or Debtor:	Michael G. Sexton	, also known as or
doing business as:	SERRARD SEXTON	
$\overline{s}$	SSN <u>533-42-1518</u>	DOB <u>02/13/45</u>
Grantee or Creditor:	The Department of Soc	cial and Health Services (DSHS).
Legal Description:		
Assessor's Property Ta	ax Parcel Account Num	ber: •
	debtor named above o lien in the amount of \$	wes past-due child support. The Division of Child  7,585.15 in Skamania County on:
X All real and person	nal property of the deb	tor named above except Tribal Trust property.
Only the property	described in the Legal	Description section above.
December 07, 2004		S. Dannen
Date		Authorized Representative DIVISION OF CHIŁD SUPPORT
(253) 922-0454		S. Dannen
Telephone Number	_	Person to Contact
In reply, refer to:	040	

(FG REL:06/1999) (4062:041207:021033) 791040/4062