Doc # 2005155894
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Date: 01/13/2005 09:24A
Filed by: DEPT OF SOCIAL & HEALTH SVCS
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$0.00

(FG REL:06/1999) (1579:050105:223253) 1806211/1579

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: Abram B. Sweeney doing business as:	, also known as or
doing business as	
SSN <u>535-96-7703</u> , DOB <u>01/09/79</u> .	
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 owes past-due child support. The Division of Child Support (DCS) files a lien in the amount of \$	
All real and personal property of the debtor named above except Tribal Trust property.	
Only the property described in the Legal Description section above.	
January 05, 2005	M. White
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100	M. White
Telephone Number	Person to Contact
In reply, refer to: Case #: 1806211	