Doc # 2005155964
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Date: 01/20/2005 12:27P
Filed by: DEPT OF SOCIAL & HEALTH SVCS
Filed & Recorded in Official Records
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

	Michael J. Irwin	, also kno	own as or
doing business as:			
	SSN 537-96-6094	DOB 12/30/70	4
		- T	
Grantee or Creditor	: The Department of Soci	al and Health Services (DSHS).	
Legal Description:		,	4
	$\sim$		)
Assessor's Property	Tax Parcel Account Numb	er: .	
DSHS claims that th	e debtor named above ov	ves past-due child support. The Division	of Child
Support (DCS) files	a lien in the amount of \$	in Skamania	County on:
All real and pers	sonal property of the debt	or named above except Tribal Trust prop	perty.
Only the prope	rty described in the Legal	Description section above.	
January 18, 200	)5	D. Collins	
Date	<del></del>	Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100		D. Collins	
Telephone Number		Person to Contact	
In reply refer to			

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

Case #: 1623382

(FG REL:06/1999) (3960:050118:224410) 1623382/3960