Doc # 2005156047
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Date: 01/27/2005 09:52A
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of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$6.00

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:	Scott A. Struck		, also known as or
doing business as:	- 4		,
			,
	SSN 539-82-3293	DOB 04/18/66 .	all I
Grantee or Creditor: The Department of Social and Health Services (DSHS).			
Legal Description:		` ~	
- 4	\sim))
Assessor's Property Tax Parcel Account Number: •			
	e debtor named above ow a lien in the amount of \$	es past-due child support. The 5,836.95 in Skama	
All real and pers	onal property of the debto	or named above except Tribal 1	rust property.
Only the proper	ty described in the Legal D	escription section above	
Crity the proper	ty described in the Edgar E	vescription section above.	
January 24, 200	5	D. Martin	•
Date		Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100		D. Martin	
Telephone Number		Person to Contact	
In reply, refer to:			

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

Case #: 1749146

(FG REL:06/1999) (0889:050124:234119) 1749146/0889