DIVISION OF CHILD SUPPORT

PO Box 11520 Tacoma WA 98411-5520 Doc # 2005157373

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Date: 05/23/2005 11:35A

Filed by: DEPT OF SOCIAL & HEALTH SVCS

Filed & Recorded in Official Records
of SKAMANIA COUNTY

J. MICHAEL GARVISON

AUDITOR

Fee: \$6.00



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:	BIEHL A. Walls		, also knov	WIT as OF
doing business as:				
	SSN <u>576-94-9557</u>	DOB <u>05/05/67</u>	<u> </u>	
		. 75 79		6.
Grantee or Creditor	: The Department of Soci	al and Health Service	es (DSHS).	W
		W 7	4	
Legal Description:				
		- T		94
	→ 1		A 3	
	\sim	•		
Assessoris Property	Tax Parcel Account Numb	or		-
763633013 110perty	Tax Tarcel Account Numb	c		
DSHS claims that the	e debtor named above ow	es past-due child su	pport The Division	of Child
	a lien in the amount of \$		in Skamania	County on:
S				_ = 000
X All real and pers	onal property of the debte	or named above exce	ept Tribal Trust prope	erty.
			_	
Only the proper	ty described in the Legal [Description section a	bove.	
	7		· ·	
May 17, 2005		R. Lenz		
Date	_	Authorized Representati		
		DIVISION OF CHILD SU	JPPORT	
(253) 922-0454		R. Lenz	•	
Telephone Number		Person to Contact		
·				
In reply, refer to:	COOFA	•	•	
Case #: 14	DUソン4			

(FG REL:06/1999) (3054:050517:223625) 1460954/3054