Doc # 2005157682

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Date: 06/16/2005 01:22P

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

Grantor or Debtor: doing business as:	John A. Ornellas		, also known as or
	SSN <u>559-02-9243</u>	DOB <u>03/17/55</u> .	4
Grantee or Creditor: The Department of Social and Health Services (DSHS).			
Legal Description:		`_(	
Assessor's Property Tax Parcel Account Number: •			
Support (DCS) files a	a lien in the amount of \$	es past-due child support. The  2,301.97 in Skama  r named above except Tribal T	nia County on:
Only the property described in the Legal Description section above.			
June 13, 2005		J. Demich	
Date		Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100		J. Demich	
Telephone Number	<del></del>	Person to Contact	
In reply, refer to: Case #: 68	0349		

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

(FG REL:06/1999) (3520:050613:234254) 680349/3520