Fee: \$0.00

Doc # 2005157882
Page 1 of 1
Date: 07/01/2005 03:36P
Filed by: DEPT OF SOCIAL & HEALTH SVCS Filed & Recorded in Official Records of SKAHANIA COUNTY

357212/3592

J. MICHAEL GARVISON **AUDITOR**

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: Michael A. Arnold-D	ilts	, also known as or
doing business as:		•
CCN E21 C0 2010	DOP 12/27/62	
SSN <u>531-68-1810</u>	DOB <u>12/27/62</u>	4.
Grantee or Creditor: The Department of Social	and Health Services (DSHS).	
	V 7	- 1
Legal Description:	*	
	46	
		3 /
Assessor's Property Tax Parcel Account Number	er: •	
	_ / 1	
DSHS claims that the debtor named above ow		
Support (DCS) files a lien in the amount of \$	34,823.56 in Skama	nia County on:
All real and personal property of the debte	or named above except Tribal T	rust property.
Only the property described in the Legal I	Description section above.	
El Only the property described in the 255m.	330 p. 33	
June 29, 2005	M. Loper	
Date	Authorized Representative	
- 	DIVISION OF CHILD SUPPORT	
(360) 696-6100	M. Loper	
Telephone Number	Person to Contact	
In reply, refer to:		
Case #: 357212 121444 5	985436	4
NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 04/1997)		(FG REL:06/1999) (3592:050629:221024)