Doc # 2005158094

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Date: 07/25/2005 01:05P Filed by: DEPT OF SOCIAL & HEALTH SUCS Filed & Recorded in Official Records of SYMMOTIO COUNTY

of SKAMANIA COUNTY J. MICHAEL GARVISON AUDITOR

Fee: \$8.08

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:	William E. Sabour	rin	, also known as or
doing business as:			!
	CCN 544 F4 F330	202 27 405 452	,
	SSN <u>544-74-7110</u>	DOB <u>01/25/58</u> .	4.
Grantee or Creditor:	: The Department of S	Social and Health Services (DSHS).	. \
Legal Description:			
		/ 4	7 1
- 4			3 4
Assessor's Property Tax Parcel Account Number: •			
Delle I : d d			
DSHS claims that the debtor named above owes past-due child support. The Division of Child Support (DCS) files a lien in the amount of \$ 12,945.31 in Skamania County on:			
Support (DCs) lifes	a neir ur the amount o	1 J 12/323.31 11 BRama	County Oil;
All real and pers	onal property of the d	ebtor named above except Tribal 1	Trust property.
Only the proper	ty described in the Le	al Description section shows	
Only the property described in the Legal Description section above.			
July 19, 2005		P. Gray	
Date 13, 2003		Authorized Representative	
, , , , , , , , , , , , , , , , , , ,		DIVISION OF CHILD SUPPORT	
(360) 696-6100		P. Gray	
Telephone Number		Person to Contact	 -
In reply, refer to:	•		
Case #: 35	2557 47671	.9 1862929	
NOTICE AND STATEMENT OF LIE DSHS 09-282 (REV. 04/1997)	EN ·		(FG REL:06/1999) (3821:050719:041603) 352557/3821