Doc # 2005158442

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Filed by: DEPT OF SOCIAL & HEALTH SUCS
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
PUDITOR
Fee: \$8.89

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:	Cesar Ayala		, also known as or ,
	SSN <u>626-25-4025</u> , [ООБ	
Grantee or Creditor: The Department of Social and Health Services (DSHS).			
Legal Description:		` (
Assessor's Property Tax Parcel Account Number: DSHS claims that the debtor named above owes past-due child support. The Division of Child			
	a lien in the amount of \$ _ onal property of the debtor	named above except Tribal T	,
Only the property described in the Legal Description section above.			
August 16, 2005		R. Masters	
Date		Authorized Representative DIVISION OF CHILD SUPPORT	
(206) 341-7000		R. Masters	
Telephone Number		Person to Contact	
In reply, refer to: Case #: 16	92606		

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 04/1997) (FG REL:06/1999) (3931:050816:221130) 1692606/4245