Doc # 2005158653
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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:  James O. Harris, also known as or, also known as or, SSN 541-76-4251, DOB, DOB		
Assessor's Property To DSHS claims that the Support (DCS) files a All real and person	ax Parcel Account Number debtor named above own lien in the amount of \$	es past-due child support. The Division of Child  348.76 in Skamania County on: r named above except Tribal Trust property.
September 03, 20 Date	<u>005</u>	R. Garcia Authorized Representative DIVISION OF CHILD SUPPORT
(360) 664-6900 Telephone Number In reply, refer to: Case #: 18	<u> </u>	R. Garcia Person to Contact

NOTICE AND STATEMENT OF LIEN DSH\$ 09-282 (REV. 04/1997) (FG REL:06/1999) (3345:050903:153903) 1844459/3345