Doc # 2005160002
Page 1 of 1
Date: 12/28/2005 09:43A
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

	Raymond D. Delao		, also known as or
doing business as:			
	SSN 560-17-1663	, DOB 08/09/70	,
	300 17 1000		4
Grantee or Creditor	: The Department of Soc	ial and Health Services (DSHS).	
			- I
Legal Description:	\sim		
Accorde Property	Tax Parcel Account Numb	ner-	
Assessor's Property	Tax Faice Account Number	Jei.	
DSHS claims that th	e debtor named above o	wes past-due child support. Th	e Division of Child
	a lien in the amount of \$	7	
	1 1 1 1 1 1 1 1 1	to a successive deal beautiful and the first of the first	Toward sources and s
All real and pers	sonal property of the deb	tor named above except Tribal	rrust property.
Only the proper	rty described in the Legal	Description section above.	
December 20, 20	05	E. Wilson	
Date		Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100 Telephone Number		E. Wilson	
		Person to Contact	
In reply, refer to:			
Case #: 89	95821		

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 04/1997) (FG REL:06/1999) (2370:051220:224231) 895821/2370