Doc # 2006161995
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Date: 06/19/2006 01:57P
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of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$8.00

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: Charles D. Mose	es	, also kn	own as or
doing business as: CHARLES DEWAYN	E MOSES		
DEWANE CHARLES	MOSES		
SSN: xxx-xx-525	5 DO	B: 09/13/58	·
Grantee or Creditor: The Department	of Social and Health	Services (DSHS).	•
Legal Description:),,		1
Assessor's Property Tax Parcel Account	nt Number:		
Child support payments, not paid when DSHS claims that the debtor named ab Support (DCS) files a lien in the amount	ove owes past-due o	child support. The Division	
All real and personal property of the	e debtor named abov	re except Tribal Trust prop	erty.
Only the property described in the	egal Description sec	ction above.	
June 15, 2006	J. Demich		
Date	Authorized Representativ DIVISION OF CHILD SUR		<u>.</u>
(360) 696-6100	J. Demich		
Telephone Number	Person to Contact		

In reply, refer to: Case #: 1890317

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001)

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