Doc # 2006162185
Page 1 of 1
Date: 07/03/2006 02:03P
Filed by: DEPT OF SOCIAL & HEALTH SVCS
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$0.00

FG VER: (1.1) 3520:20060629/

1604738/3520

DIVISION OF CHILD SUPPORT PO Box 11520 Tacoma, WA 98411-5520

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

## STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

## NOTICE AND STATEMENT OF LIEN

| Grantor or Debtor: An | thony P. Mustaco       | hia                  | 8 B 2                     | , also known as or   |
|-----------------------|------------------------|----------------------|---------------------------|----------------------|
| doing business as:    | -                      |                      |                           |                      |
| · <u></u>             |                        | A 1                  |                           | ,,                   |
| S                     | SN: xxx-xx-6105        | DO_                  | B: <u>06/08/76</u>        | ·                    |
| Grantee or Creditor:  | The Department of Sc   | cial and Health      | Services (DSHS).          |                      |
| Legal Description:    |                        | # A                  |                           | _ /                  |
|                       |                        | . **                 |                           |                      |
|                       | . 1. 1                 | 1                    |                           |                      |
| 4                     |                        | F .                  | 4/                        |                      |
| Assessor's Property 7 | ax Parcel Account Nu   | ımber:               |                           |                      |
| Child support paymer  |                        |                      |                           |                      |
| DSHS claims that the  |                        |                      |                           |                      |
| Support (DCS) files a | lien in the amount of  | § 4,365.69           | in <u>Skamania</u>        | County on:           |
| 🛛 All real and perso  | nal property of the de | btor named abov      | ve except Tribal <b>T</b> | rust property.       |
| ☐ Only the property   | described in the Lega  | al Description se    | ction above.              |                      |
| June 29, 2006         | NA.                    | Demich               |                           |                      |
| Date                  |                        | orized Representativ |                           |                      |
|                       |                        | SION OF CHILD SU     |                           |                      |
| (360) 696-6100        | <u>J.</u>              | Demich               |                           | ·                    |
| Telephone Number      | Pers                   | on to Contact        |                           |                      |
|                       |                        |                      |                           |                      |
|                       |                        |                      |                           |                      |
|                       |                        |                      | 00016047380047            | 71006900000000162502 |
| In reply, refer to:   | 4.00500                |                      |                           |                      |
| Case #: 1604738       | 1490503                |                      |                           |                      |