Doc # 2007166096
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Date: 05/14/2007 02:18P
Filed by: DEPT OF SOCIAL & HEALTH SVCS
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
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: Alfredo	Aguirre		L. 4.7	, also known as or
doing business as:				,
		W 10		,
SSN: XXX	X-XX-4831	DOE	B: <u>09/12/59</u>	•
Grantee or Creditor: The De	partment of Social	and Health S	ervices (DSHS).	
Legal Description:		. "		~ W
	O.			$\sim$
Assessor's Property Tax Par	cel Account Numb	er:	4	
Child support payments, not DSHS claims that the debtor	named above owe	s past-due cl	nild support. The	Division of Child
Support (DCS) files a lien in	the amount of \$ 1	,409.03	in_Skamania	County on:
All real and personal pro	perty of the debtor	named above	except Tribal Tr	rust property.
Only the property describ	oed in the Legal De	scription sec	tion above.	•
May 10, 2007	J. Dem	ich		
Date	Authorize	d Representative OF CHILD SUP		
(360) 696-6100	J. Dem	nich		
Telephone Number	Person to	Contact		
			00019420220052	755400000000012502

In reply, refer to: Case #: 1942022

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

FG VER: (1.3) 3520:20070510/ 1942022/3520