Doc # 2008169054
Page 1 of 1
Date: 2/21/2008 11:20A
Filed by: DEPT OF SOCIAL & HEALTH SVCS
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of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISOM
Fee: \$0.08

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: Oscar G	. Sosa	45.7		, also known as or
doing business as:		L . O		,
		$\overline{\mathbf{v}}$		,
SSN: XXX	-XX-4706	DOI	B: <u>07/24/63</u>	•
Grantee or Creditor: The De	partment of Soc	ial and Health S	Services (DSHS	3).
Legal Description:	0	1.	5	1
Assessor's Property Tax Par	cel Account Nur	nber:		
Child support payments, not DSHS claims that the debtor Support (DCS) files a lien in	named above o	wes past-due c	and accrue to t hild support. T in <u>Skamani</u>	he Division of Child
All real and personal pro	perty of the debi	tor named abov	e except Tribal	Trust property.
Only the property describ	ed in the Legal	Description sec	ction above.	
February 16, 2008	. т. г	hanens		
Date	Author	ized Representativ ON OF CHILD SUR		
(360) 696-6100	L. E	hanens		
Telephone Number	Persor	n to Contact		•
·			00018610170	0352167200000000032502

In reply, refer to: Case #: 1861017

FG VER: (1.3) 1314:20080216/ 1861017/1314

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