AFN #2009172236 Recorded 03/09/09 at 10:05 AM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor J. Michael Garvison Skamania County, WA

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: doing business as:	Tony A. Lesoll	en		also known as or
	*·····································	VAN		3
	SSN: XXX-XX-106	55 D	OOB: 08/01/70	
Grantee or Creditor: The Department of Social and Health Services (DSHS).				
Legal Description:		)`	-C	13
Assessor's Propert	ty Tax Parcel Accou	ınt Number:		
DSHS claims that t		bove owes past-due	ts and accrue to the child support. The in Skamania	
X All real and per	rsonal property of th	ne debtor named ab	ove except Tribal Tr	ust property.
		Legal Description s		
March 03, 2009	)	J. Demich		
Date	were be falls, it gaves are more (speciment) from a state of the fall of the f	Authorized Representa		
(360) 696-6100	)	J. Demich		
Telephone Number		Person to Contact		

In reply, refer to: Case #: 2102351

FG VER: (1.3) 3520:20090303/ 2102351/3520

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