AFN #2010175507 Recorded 05/17/10 at 01:45 PM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor Timothy O. Todd Skamania County,

> 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

	GABRIEL J LENG	, also known as of
doing business as:		· · · · · · · · · · · · · · · · · · ·
		,
	SSN: XXX-XX-406	4 DOB: <u>09/12/1977</u> .
Grantee or Creditor	r: The Department	of Social and Health Services (DSHS).
Legal Description:	$\sim$	
Assessor's Propert	y Tax Parcel Accou	nt Number:
DSHS claims that t	he debtor named ab	n due, are judgments and accrue to the lien amount.  Pove owes past-due child support. The Division of Child  It of \$ 17,600.60 in SKAMANIA County on:
X All real and per	rsonal property of th	e debtor named above except Tribal Trust property.
Only the prope	rty described in the	Legal Description section above.
May 13, 2010		W NEELEY
Date	<del></del>	Authorized Representative DIVISION OF CHILD SUPPORT
(360) 664-6900	•	W NEELEY
Telephone Number		Person to Contact
		00014773620013635690000000322552

In reply, refer to: Case #: 1477362 1712802

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

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