

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: CULLY SHAWN TROUPE, also known as or
doing business as: _____

SSN: XXX-XX-8256 DOB: 02/27/1963

Grantee or Creditor: The Department of Social and Health Services (DSHS).

Legal Description:

Assessor's Property Tax Parcel Account Number: _____

Child support payments, not paid when due, are judgments and accrue to the lien amount.
DSHS claims that the debtor named above owes past-due child support. The Division of Child
Support (DCS) files a lien in the amount of \$ 27,188.01 in SKAMANIA County on:

- ☒ All real and personal property of the debtor named above except Tribal Trust property.
☐ Only the property described in the Legal Description section above.

August 21, 2010
Date

(360) 696-6100
Telephone Number

K WILSON
Authorized Representative
DIVISION OF CHILD SUPPORT
K WILSON
Person to Contact



00002383230005315130000000392502

In reply, refer to:

Case #: 238323 1427978 1442387 487423 1490945 2029323