

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: MICHAEL DAVID ALIFF, also known as or
doing business as: _____

SSN: XXX-XX-6524 DOB: 12/06/1967

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 \$ 1,148.00 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.

May 23, 2011
Date

(425) 438-4800
Telephone Number

J ROMANO
Authorized Representative
DIVISION OF CHILD SUPPORT
J ROMANO
Person to Contact



In reply, refer to:
Case #: 2138423 2159650