

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: BENJAMIN ALEXANDER LEARY, also known as or
doing business as: _____

SSN: XXX-XX-0183 DOB: 07/05/1980

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 \$ 4,153.73 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.

December 06, 2011
Date

(253) 597-3700
Telephone Number

D BALOGH
Authorized Representative
DIVISION OF CHILD SUPPORT
D BALOGH
Person to Contact



000232778400589378700000000012502

In reply, refer to:
Case #: 2327784