

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: LEONARDO SALAZAR, also known as or
doing business as: _____

SSN: xxx-xx-7056 DOB: 12/16/1984

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 \$ 8,151.22 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.

March 09, 2013

Date

(360) 696-6100

Telephone Number

K WILSON

Authorized Representative
DIVISION OF CHILD SUPPORT

K WILSON

Person to Contact



00020405740054332720000000282502

In reply, refer to:

Case #: 2040574

FG VER: (1.4)

2780:03092013/

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