

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 JAMEL HARRISON, also known as or
doing business as: _____

SSN: XXX-XX-5162 DOB: 07/23/1986

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 \$ 4,375.96 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.

July 04, 2014
Date
(360) 664-6900
Telephone Number

N BLACK
Authorized Representative
DIVISION OF CHILD SUPPORT
N BLACK
Person to Contact



In reply, refer to:
Case #: 2062934