Skamania County, WA Total:\$0.00 CHILD 2019-002556 12/23/2019 01:27 PM Request of: WASHINGTON STATE DEPARTMENT OF I Pgs=1 00002094201900025560010011

**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: KYLE R HANSEN			, also known as or
doing business as:			•
			-
SSN: XXX-XX-025	9_ DOB: <u>4/27/1986</u>	FEIN:	
Grantee or Creditor: The Department	of Social and Health Serv	rices (DSHS).	
Legal Description:	) `	<b>(</b>	13
Assessor's Property Tax Parcel Account	nt Number:		
Child support payments, not paid when claims that the debtor named above ow (DCS) files a lien in the amount of \$ 15	ves past-due child suppor	rt. The Divisio	lien amount. DSHS n of Child Support County on:
X All real and personal property of the	e debtor named above ex	cept Tribal Tr	ust property.
Only the property described in the			
December 19, 2019 DATE	S GRAF AUTHORIZED REPRESENTA DIVISION OF CHILD SUPPOR		<u> </u>
(206) 341-7000 TELEPHONE NUMBER	S GRAF PERSON TO CONTACT		

In reply, refer to case numbers: 2757177



FG VER: (1.8) 2695:12192019/ 2757177 / 2695