Skamania County, WA Total:\$0.00 CHILD Pgs=1

2020-001658 07/07/2020 09:39 AM

Request of: WASHINGTON STATE DEPARTMENT OF I 00004234202000016580010010

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: SHIRIESE M COM	NER	, also known as or
doing business as:		,
SSN: XXX-XX-219	5 DOB: 2/28/1989 FEIN: _	4
Grantee or Creditor: The Department	of Social and Health Services (DSF	HS).
Legal Description:		1 -1
) (
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 \$ 14	ves past-due child support. The Di	
All real and personal property of the	e debtor named above except Trib	al Trust property.
☐ Only the property described in the	Legal Description section above.	
June 30, 2020	M BRAKEL	
DATE	AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT	
(509) 363-5000	M BRAKEL	
TELEPHONE NUMBER	PERSON TO CONTACT	
	000274126	70065302440000000032502
In rophy refer to occo numbers:		

In reply, refer to case numbers: 2741267

FG VER: (1.8) 4511:06302020/ 2741267 / 4511