Skamania County, WA Total:\$0.00 CHILD

Pgs=1

2024-000876 07/08/2024 01:16 PM

Request of: WASHINGTON STATE DEPARTMENT OF H



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: LEONA	RDO SALAZAR	, also known as or
doing business as:		
		,
SSN:x	XXX-XX-7056 DOB: 12/16/198	4 FEIN:
Grantee or Creditor: The	Department of Social and Health S	ervices (DSHS).
Legal Description:	O_{I}	
Assessor's Property Tax F	Parcel Account Number:	_ \) /
claims that the debtor nam		and accrue to the lien amount. DSHS port. The Division of Child Support County on:
X All real and personal p	property of the debtor named above	except Tribal Trust property.
☐ Only the property desc	cribed in the Legal Description sect	ion above.
June 27, 2024 DATE	C ELLIS AUTHORIZED REPRESEN DIVISION OF CHILD SUPI	
(360) 696-6100	C ELLIS	
TELEPHONE NUMBER	PERSON TO CONTACT	

00020405740054332720000000362502

In reply, refer to case numbers: 2040574

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 07/2012)

FG VER: (1.8) 1773:06272024/ 2040574 / 1773