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

2024-001341

09/18/2024 08:18 AM

Request of: WASHINGTON STATE DEPARTMENT OF H

00019465202400013410010017

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: BRIAN A ALBERT	rson	, also known as or
doing business as:		,
SSN:xxx-xx-93	17 DOB: 9/5/1978 FEIN:	4.
Grantee or Creditor: The Department	of Social and Health Services (DSI	HS).
Legal Description:		
Assessor's Property Tax Parcel Account	unt Number:	
Child support payments, not paid whe claims that the debtor named above of (DCS) files a lien in the amount of \$ 1	wes past-due child support. The Di	
All real and personal property of t	he debtor named above except Trib	al Trust property.
Only the property described in the	Legal Description section above.	
September 12, 2024 DATE	C ANDEREGG AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT	
(360) 696-6100 TELEPHONE NUMBER	C ANDEREGG PERSON TO CONTACT	· · · · · · · · · · · · · · · · · · ·
	000283836	40066841530000000252502

In reply, refer to case numbers: 2838364



FG VER: (1.8) 651:09122024/ 2838364 / 651