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

2025-001530

09/29/2025 03:12 PM

Request of: WASHINGTON STATE DEPARTMENT OF H

00022377202500016300010016

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: KASSIDIE MARIE	KALICH	, also known as or
doing business as:	4 1 4 4 1 1	
		,
SSN: <u>xxx-xx-511</u>	DOB: 6/25/1980	_ FEIN:
Grantee or Creditor: The Department	of Social and Health Serv	ices (DSHS).
-Legal Description:		
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 \$ 7,	es past-due child suppor	t. The Division of Child Support
All real and personal property of the	e debtor named above ex	cept Tribal Trust property.
Only the property described in the	egal Description section	above.
September 23, 2025 DATE	K MCFARLAND AUTHORIZED REPRESENTA DIVISION OF CHILD SUPPOR	
(253) 597-3700	K MCFARLAND	
TELEPHONE NUMBER	PERSON TO CONTACT	

In reply, refer to case numbers: 3011000



FG VER: (1.8) 256:09232025/ 3011000 / 256

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