Skamania County, WA
Total:\$0.00
CHILD
Pgs=1
Request of: WASHINGTON STATE DEPARTMENT OF H
00022871202500019270010014

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: CHRISTOPHE AARC	ON SAMSEL	, also known as or
doing business as:		· ,
		,
SSN : xxx-xx-9380	DOB: 9/18/1981	FEIN:
Grantee or Creditor: The Department of	of Social and Health Serv	ices (DSHS).
	, NORTH BONNEVILLE	, WA 98639
Assessor's Property Tax Parcel Accour	nt Number: 0207201002	
Child support payments, not paid when claims that the debtor named above ow (DCS) files a lien in the amount of \$ 45	es past-due child suppo	rt. 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 I	_egal_Description section	above.
November 24, 2025	T REYES-DOTSON	
DATE	AUTHORIZED REPRESENTA DIVISION OF CHILD SUPPOR	
(360) 696-6100	T REYES-DOTSON	
TELEPHONE NUMBER	PERSON TO CONTACT	
In reply, refer to case numbers:)	000275832100655676400000000212502

FG VER: (1.8)

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

2758321

FG VER: (1.8) 57:11242025/ 2758321 / 949