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J. MICHAEL GARVISON
AUDITOR
Fee: 40 gg Fee: \$0.00

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

	Jason J. Hall		also known as or
doing business as:			
	CCVI	DOB 10 (06 (67	
	SSN,	DOB <u>10/06/67</u>	~ // IP
Grantee or Creditor:	The Department of Social	al and Health Services (DSHS).	
Legal Description:	Ć		
Assessor's Property	Tax Parcel Account Number	er:	1
	e debtor named above ow a lien in the amount of \$	es past-due child support. The 10,670.70 in Skaman	
X All real and pers	onal property of the debto	or named above except Tribal Tr	rust property.
Only the proper	ty described in the Legal D	Description section above.) ,
January 27, 200	4	G. Dailey	
Date '		Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100) ((G. Dailey	
Telephone Number	_ \	Person to Contact	
In reply, refer to: Case #: 17	39200		
NOTICE AND STATEMENT OF LII DSHS 09-282 (REV. 04/1997)	EN .		(FG REL:06/1999) (3266:040127:004149)

(FG REL:06/1999) (3266:040127:004149) 1739200/3266