Doc # 2004152016

Page 1 of 1

Date: 02/18/2004 03:30P

Filed by: DEPT OF SOCIAL & HEALTH SVCS

Filed & Recorded in Official Records

of SKAMANIA COUNTY

J. MICHAEL GARVISON

AUDITOR

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

Grantor or Debtor: Robert T. Hayes	, also known as or
doing business as:	
SSN <u>-</u>	, DOB <u>02/18/72</u>
Grantee or Creditor: The Department o	f Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Account 1	Number: •
DSHS claims that the debtor named abo Support (DCS) files a lien in the amount	of \$ 12,949.50 in Skamania County on:
🛮 All real and personal property of the	debtor named above except Tribal Trust property.
Only the property described in the L	egal Description section above.
February 12, 2004	K. Bailey
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(509) 363-5000	K. Bailey
Telephone Number	Person to Contact
In reply, refer to:	
Case #: 1071015	

NOTICE AND STATEMENT OF LIEN (FG REL:06/1999)
DSHS 09-282 (REV. 04/1997) (3308:040212:220133)
1071015/3308