Doc # 2004152017
Page 1 of 1
Date: 02/18/2004 03:31P
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: | Dean R. Evans | , also known as or |
|---|--|---|
| doing business as: | | |
| | 4 | |
| | SSN DOB <u>03/04/64</u> . | ·/ / . |
| Grantee or Creditor: | The Department of Social and Health Services (DSHS). | |
| Legal Description: | | |
| Assessor's Property | Tax Parcel Account Number: . | 1 |
| | e debtor named above owes past-due child support. The lien in the amount of \$ _54,863.40 in Skama | |
| X All real and pers | onal property of the debtor named above except Tribal 1 | rust property. |
| Only the proper | ty described in the Legal Description section above. |) 1 |
| February 11, 200 Date | R. Opoka Authorized Representative DIVISION OF CHILD SUPPORT | |
| (206) 341-7000 | R. Opoka | |
| Telephone Number | Person to Contact | |
| In reply, refer to: | | |
| Case #: 76 | 1469 1143574 885639 | |
| NOTICE AND STATEMENT OF LIE DSHS 09-282 (REV. 04/1997) | :N | (FG REL:06/1999) (4077:040211:230225) 761469/2374 |