Doc # 2004152893
Page 1 of 1
Date: 05/07/2004 02:50P
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 Deptor: | steven J. Duquist | | , also known as or |
|----------------------|-----------------------------|--|--------------------|
| doing business as: | | | , |
| | SSN, | DOB <u>03/03/60</u> . | 1 |
| Grantee or Creditor: | : The Department of Social | al and Health Services (DSHS). | |
| Legal Description: | | · _(| |
| Assessor's Property | Tax Parcel Account Number | er: . | |
| | | res past-due child support. The 15,375.44 in Skama | |
| All real and pers | onal property of the debto | or named above except Tribal T | rust property. |
| Only the proper | ty described in the Legal D | Description section above. | |
| May 04, 2004 | | S. Potesky | |
| Date | | Authorized Representative DIVISION OF CHILD SUPPORT | |
| (509) 363-5000 | | S. Potesky | |
| Telephone Number | | Person to Contact | |
| In reply, refer to: | | | |
| Case #: 16 | 25116 | | |

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 04/1997) (FG REL:06/1999) (3655:040504:233439) 1625116/3655