Dec # 2005155895
Page 1 of 1
Date: 01/13/2005 09:28A
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of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$0.80

**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: doing business as:                                     | Dennis L. Bradshaw         |   | , also known as or |
|---|----------------------------|---|--------------------|
|   | SSN <u>533-48-5969</u> ,   | DOB <u>01/22/50</u> .   | ,                  |
| Grantee or Creditor: The Department of Social and Health Services (DSHS). |                            |   |                    |
| Legal Description:  | Q                          |   | 53                 |
| Assessor's Property Tax Parcel Account Number: •                          |                            |   |                    |
| Support (DCS) files  All real and pers                                    | a lien in the amount of \$ | ves past-due child support. Th  1,300.00 in Skama  or named above except Tribal  Description section above. | nia County on:     |
| _   | _                          | P. Taraka   |                    |
| January 05, 200 Date  | <u>5</u>                   | D. Jacobs  Authorized Representative DIVISION OF CHILD SUPPORT  |                    |
| (360) 696-6100  |                            | D. Jacobs   |                    |
| Telephone Number  | <del></del>                | Person to Contact   |                    |
| In reply, refer to:   |                            |   |                    |

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 04/1997)

Case #: 1508249

(FG REL:06/1999) (3820:050105:223106) 1508249/3820