Doc # 2005157349
Page 1 of 1
Date: 05/19/2005 01:53P
Filed by: DEPT OF SOCIAL & HEALTH SVCS
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$0.66

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: Robyn L. Kubes   | , also known as or   |
|---|--|
| doing business as:  |  |
| SSN <u>534-76-3519</u>  | DOB <u>11/18/60</u>  |
| Grantee or Creditor: The Department of  | Social and Health Services (DSHS).   |
| Legal Description:  |  |
| Assessor's Property Tax Parcel Account No   | umber:   |
| DSHS claims that the debtor named above Support (DCS) files a lien in the amount of | e owes past-due child support. The Division of Child of \$ 460.00 in Skamania County on: |
| 🗷 All real and personal property of the o   | lebtor named above except Tribal Trust property.   |
| Only the property described in the Le   | gal Description section above.   |
|   |  |
| May 16, 2005  | J. Reamer  |
| Date  | Authorized Representative DIVISION OF CHILD SUPPORT                                      |
| (509) 363-5000  | J. Reamer  |
| Telephone Number  | Person to Contact  |
| In reply, refer to:<br>Case #: 1791443  |  |

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 04/1997) (FG REL:06/1999) (2286:050516:230530) 1791443/2286