Doc # 2005157588

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Date: 06/09/2005 03:23P

Filed by: DEPT OF SOCIAL & HEALTH SVCS

Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON

AUDITOR

Fee: \$0.00

1518976/1472

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: Christin	na L. Mauldin	g d	, also	known as or
doing business as:		4 N. N.		
SSN <u>542-</u>	-86-9814, D	OB <u>03/14/74</u>	•	4
Grantee or Creditor: The Dep	artment of Social	and Health Services	(DSHS).	
Legal Description:	O	•	0	3
Assessor's Property Tax Parcel	Account Number:			
. 200000			7.0	
DSHS claims that the debtor r			port. The Divi	sion of Child
Support (DCS) files a lien in the	ie amount of $\$$ _	7,523.63 i	n <u>Skamania</u>	County on:
All real and personal prop	erty of the debtor	named above exce	pt Tribal Trust _I	property.
Only the property describe	ed in the Legal De	scription section ab	oove.	
E only the property deserte	Ja III the Bogar = 0			
June 07, 2005	1	4. Moen		
Date	Authorized Representative DIVISION OF CHILD SUPPORT			
(360) 696-6100	į	M. Moen		
Telephone Number	Ī	Person to Contact		
In reply, refer to:				
Case #: 1518976	1713604	1803651	1426740	1524 146
NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 04/1997)				(FG REL:06/1999) (1472:050607:015936)