Doc # 2005158092

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Date: 07/25/2005 01:01P 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:	Adam J. Hawes		_, also known as or
doing business as:			
	SSN <u>543-02-4793</u>	DOB <u>04/13/66</u>	4
	: The Department of Soci	al and Health Services (DSHS).	_ \
Legal Description:	$^{\circ}$	` _(
Assessor's Property	Tax Parcel Account Numb	er: •	
DSHS claims that the	e debtor named above ov	ves past-due child support. Th	ne Division of Child
	a lien in the amount of \$		
a			
LxX All real and pers	onal property of the debt	or named above except Tribal	Trust property.
Only the proper	ty described in the Legal I	Description section above.	
July 21, 2005		J. Demich	
Date		Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100		J. Demich	
Telephone Number		Person to Contact	
In reply, refer to:	00483 1685351		

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 04/1997) (FG REL:06/1999) (9893:050721:005428) 1400483/3520