Doc # 2005159031
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Date: 10/11/2005 09:41A
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of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$0.00

DIVISION OF CHILD SUPPORT

PO BOX 11520 TACOMA WA 98411-5520



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

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: Michael A. Gimme	y , also known as or
doing business as:	, ass known as or
SSN <u>533-50-0285</u>	DOB 01/26/57
Grantee or Creditor: The Department of	Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Account Nu	ımber: .
DSHS claims that the debtor named above	e owes past-due child support. The Division of Child
Support (DCS) files a lien in the amount o	6
The second of th	in Skamania County on:
All real and personal property of the d	ebtor named above except Tribal Trust property.
Only the property described in the Leg	gal Description section above.
,	
October 06, 2005	J. Demich
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100	J. Demich
Telephone Number	Person to Contact
In reply, refer to:	
Case #: 1740745	

(FG REL:06/1999) (3520:051006:223856) 1740745/3520