Doc # 2005159033
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Date: 10/11/2005 09:43A
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



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: Kimberlee S. Ast		also known as or
doing business as:		
SSN 536-94-5750	DOR 33 (0) (5)	
3314 330-34-3730	DOB 11/22/68	4.
Grantee or Creditor: The Department of Soci	al and Health Services (DSHS)	
	and riction Scivices (D3) (3).	- 1
Legal Description:	,	3
. 4 4 7		, ,
Assessor's Property Tax Parcel Account Number	er: •	
DSHS claims that the debtor named above ow	on mont due distilie	h
Support (DCS) files a lien in the amount of \$	4,637.00 in Skamani	
20. 11 //		
All real and personal property of the debto	or named above except Tribal Tru	st property.
Only the property described in the Legal D	Occarintian acatian al	
only east property described in the Legal L	escription section above.	
October 06, 2005	T. Davidsk	
Date	J. Demich Authorized Representative	
	DIVISION OF CHILD SUPPORT	
(360) 696-6100	T. Daniel	
Telephone Number	J. Demich Person to Contact	_
In reply, refer to:	· Some	4

(FG REL:06/1999) (3520:051006:223738) 1818004/3520