Doc # 2006160436
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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



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

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor:	Shawn T. Hays		, also known as or
doing business as:			
•			- -
	SSN	DOB 03/19/71 .	
Grantee or Creditor:	: The Department of Soci	al and Health Services (DSHS).	. \
Legal Description:			- 1
Assessor's Property	Tax Parcel Account Numb	er:	ر ر
	W .	_ / 7	
	e debtor named above ov a lien in the amount of \$	ves past-due child support. Th 21,020.80 in Skama	
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.	•
January 30, 200	6	D. Mceldery	
Date		Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100		D. Mceldery	
Telephone Number		Person to Contact	
In reply, refer to:			

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

Case #: 1741464

(FG REL:06/1999) (3393:060130:225325) 1741464/3393