Doc # 2006161791
Page 1 of 1
Date: 06/02/2006 11:46A
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

	Robert L. Canno	· / ·	-1-1	_, also known as or
doing business as:				,
-	SSN: <u>xxx-xx-65</u> 06	VA.	DOB: <u>07/17/65</u>	
Grantee or Creditor	: The Department of	Social and He	ealth Services (DSHS	i).
Legal Description:			٠.	1
Assessor's Property	/ Tax Parcel Accoun	Number:		
DSHS claims that the	ne debtor named abo	ove owes past-	nents and accrue to the due child support. The some in Skamania	he Division of Child
X All real and per	sonal property of the	debtor named	above except Tribal	Trust property.
Only the proper	ty described in the L	egal Description	n section above.	
May 31, 2006 Date		O. Orr Authorized Repres		
(260) 606 6100		DIVISION OF CHI D. Orr	LD SUPPORT	
(360) 696-6100 Telephone Number		Person to Contact		
•			000192119200	5524133200000000022502

In reply, refer to: Case #: 1921192

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.1) 3334:20060531/ 1921192/3334