Doc # 2006161959 Page 1 of 1 Date: 06/15/2006 02:54P Filed by: SKAMANIA COUNTY TITLE 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

| s, also known as or |
|---|
| , |
| |
| DOB: <u>03/28/79</u> |
| Social and Health Services (DSHS). |
| |
| t Number: |
| due, are judgments and accrue to the lien amount. ove owes past-due child support. The Division of Child of \$ 2,437.50 in Skamania County on: |
| debtor named above except Tribal Trust property. |
| egal Description section above. |
| D. Richardson |
| Authorized Representative DIVISION OF CHILD SUPPORT |
| D. Richardson |
| Person to Contact |
| 00018503860051285400000000132502 |
| |

Case #: 1850386

1871418

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001)

FG VER: (1.1) 2202:20060613/ 1850386/2202