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Filed by: DEPT OF SOCIAL & HEALTH SVCS

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of SKAMANIA COUNTY

J. MICHAEL GARVISON

AUDITOR

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1432302/1499

DIVISION OF CHILD SUPPORT DO Box 11520 Tacoma, WA 98411-5520

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

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

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor:	Alivii J. Mika		, a	lso known as or
doing business as:				,
Ü	AVIIVII F MIKA			,
•	SSN: xxx-xx-827	7	DOB: <u>09/26/79</u>	
Grantee or Credito	r: The Department	of Social and Hea	alth Services (DSHS).	
Legal Description:	\mathcal{L}			N
Assessor's Proper	ty Tax Parcel Accou	nt Number:		
DSHS claims that	nents, not paid wher the debtor named al s a lien in the amour	pove owes past-o	ents and accrue to the like like child support. The D in Skamania	en amount. Division of Child County on:
All real and pe	rsonal property of th	e debtor named	above except Tribal Trus	st property.
	erty described in the			
June 14, 2006 Date		C. Beekes Authorized Represe		
(206) 341-700	0	C. Beekes		
Telephone Number		Person to Contact		
			0001432302004384	3830000000122502
In reply, refer to:				
Case #: 1432302	1571088			