Doc # 2006162255
Page 1 of 1
Date: 07/10/2006 03:52P
Filed by: DEPT OF SOCIAL & HEALTH SVCS
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of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$0.86

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: doing business as:	Truman H. Maste	n		-1	_, also known as or ,
	7	F			,
	SSN: <u>xxx-xx-780</u> 2	2	DOE	3: <u>10/12/56</u>	
Grantee or Creditor	r: The Department	f Sc	cial and Health S	ervices (DSHS)	
Legal Description:)			\sim
Assessor's Propert	y Tax Parcel Accour	it Nu	umber:	_	
DSHS claims that t	nents, not paid when he debtor named ab s a lien in the amoun	ove	owes past-due cl	nild support. Th	e Division of Child
X All real and per	sonal property of the	de	btor named above	except Tribal	Frust property.
Only the prope	rty described in the L	.ega	al Description sec	tion above.	
<u>July 06, 2006</u> Date			Cohee orized Representative SION OF CHILD SUP		
(360) 696-6100	ı	E.	Cohee		
Telephone Number		Pers	on to Contact		
	e e e e e e e e e e e e e e e e e e e			000036533000	008170600000000052502

In reply, refer to: Case #: 36533

> FG VER: (1.1) 2543:20060706/ 36533/2543

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