Occ # 2006162701
Page i of 1
Date: 08/21/2006 01:55P
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

Grantor or Deptor: Barbara Ne	ısen	, als	so known as or
doing business as:			,
	10		,
SSN: xxx-xx	-1018	DOB: <u>11/29/64</u>	·
Grantee or Creditor: The Departi	ment of Social and He	alth Services (DSHS).	- 1
Legal Description:	<i>- 1 '</i>		. 1
	11 11		
Assessor's Property Tax Parcel A	ccount Number:		
Child support payments, not paid			
DSHS claims that the debtor name	-		
Support (DCS) files a lien in the a	mount of $$1,587.6$	0 in Skamania	County on:
All real and personal property	of the debtor named	above except Tribal Trust	t property.
Only the property described i	n the Legal Description	n section above.	
August 17, 2006	J. Demich		
Date	Authorized Repres		
(360) 696-6100	J. Demich		
Telephone Number	Person to Contact		
		000193239900575605	2200200000052502

In reply, refer to: Case #: 1930399

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.1) 3520:20060817/ 1930399/3520