Doc # 2006163132
Page 1 of 1
Date: 09/28/2006 02:32P
Filed by: DEPT OF SOCIAL & HEALTH SVCS
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J. MICHAEL GARVISON
Fee: \$0.00

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

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERV!CES DIVISION OF CHILD SUPPORT (DCS)

NOTICE AND STATEMENT OF LIEN

	Todd A. Mattisc	n	4	_, also known as or
doing business as:		2 (2)		,
	SSN: <u>xxx-xx-983</u> 2		DOB: <u>02/17/71</u>	-
Grantee or Creditor	: The Department o	f Social and He	alth Services (DSHS).
Legal Description:			•	_ 1
		"		\sim
Assessor's Propert	y Tax Parcel Accour	it Number:		
DSHS claims that t	he debtor named ab	ove owes past-o	ents and accrue to the due child support. The in Skamani	ne Division of Child
X All real and per	sonal property of the	debtor named	above except Tribal	Trust property.
Only the proper	rty described in the l	_egal Descriptio	n section above.	
September 26, Date	2006	M. Loper Authorized Represe		·
(360) 696-6100	<u> </u>	M. Loper		
Telephone Number		Person to Contact	## 100E1E1 81#################################	

In reply, refer to: Case #: 1740227

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 000174022700494648700000000232502

FG VER: (1.1) 3592:20060926/ 1740227/3592