Doc # 2006163256
Page 1 of 1
Date: 10/06/2006 03:11P
Filed by: DEPT OF SOCIAL & HEALTH SVCS
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$6.60

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: Russell	J. Krann	, also	Known as or
doing business as:			· · · · · · · · · · · · · · · · · · ·
"			,
SSN: XXX-	xx-7331 D(OB: <u>07/30/57</u>	
Grantee or Creditor: The Department	artment of Social and Health	n Services (DSHS).	1
Legal Description:	~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-	
	()		H
Assessor's Property Tax Parce	el Account Number:	-1	
Child support payments, not po DSHS claims that the debtor n	amed above owes past-due	child support. The Divi	
Support (DCS) files a lien in th	e amount of 3 1, 114.08	III SKalllania	County on.
All real and personal prope	erty of the debtor named abo	ove except Tribal Trust p	property.
Only the property describe	d in the Legal Description s	ection above.	
October 04, 2006	C. Wehrmann		
Date	Authorized Representar DIVISION OF CHILD S		
(360) 696-6100	C. Wehrmann		
Telephone Number	Person to Contact		
		00004612690012747020	0000000372502

In reply, refer to: Case #: 461269 578807 1809815

FG VER: (1.1) 2623:20061004/ 461269/2623

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