Doc # 2006163790
Page 1 of 1
Date: 11/22/2006 11:05A
Filed by: DEPT OF SOCIAL & HEALTH SVCS
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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 SERVICES DIVISION OF CHILD SUPPORT (DCS)

NOTICE AND STATEMENT OF LIEN

| Grantor or Debtor: Kevin K | imball | T I | , also kr | nown as or |
|---|-----------------------|---|-------------------------|------------|
| doing business as: | | 4 1 | | |
| | - 4 | <u> </u> | | <u> </u> |
| SSN: xxx | X-XX-2625 | DOB: <u>10</u> | /27/77 | <u></u> • |
| Grantee or Creditor: The De | partment of Social a | and Health Service | es (DSHS). | 1 |
| Legal Description: | O) | | | 4 |
| Assessor's Property Tax Par | cel Account Numbe | er: | | |
| Child support payments, not DSHS claims that the debtor Support (DCS) files a lien in | named above owe: | s past-due child si | | |
| All real and personal pro | perty of the debtor i | named above exc | ept Tribal Trust pro | perty. |
| Only the property descri | oed in the Legal De | scription section a | bove. | |
| November 18, 2006 Date | | ich Representative OF CHILD SUPPORT | | |
| (360) 696-6100 | J. Dem | ich | | |
| Telephone Number | Person to | Contact | | |
| | | | 00019619790053081480000 | 0000012502 |

In reply, refer to: Case #: 1961979

FG VER: (1.2) 3520:20061118/ 1961979/3520

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