Doc # 2006163933
Page 1 of 1
Date: 12/06/2006 12:33P
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

Granior of Deptor. dason G.	GIDSON	, aist	J KIIOWII as OI
doing business as:	. []		<u> </u>
			,
SSN:xxx-	XX-5357	DOB: <u>11/06/69</u>	
Grantee or Creditor: The Department	artment of Social and H	ealth Services (DSHS).	1
Legal Description:	O_{I}		4
Assessor's Property Tax Parce	el Account Number:		· .
Child support payments, not posterior of DSHS claims that the debtor of Support (DCS) files a lien in the	amed above owes past	t-due child support. The Divi	
All real and personal prope	erty of the debtor name	d above except Tribal Trust p	property.
Only the property describe	ed in the Legal Descripti	ion section above.	
December 02, 2006	R. Farnswor	rth	
Date	Authorized Repre		
(360) 696-6100	R. Farnswor	rth	
Telephone Number	Person to Contac	t	
		00017233120049173620	00000000142502

In reply, refer to: Case #: 1723312

FG VER: (1.2) 2951:20061202/ 1723312/2951

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