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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: Timothy J. Mac	daux	, also known as or
doing business as:		
SSN: <u>xxx-xx-49</u>	04	DOB: <u>02/13/62</u>
Grantee or Creditor: The Departmen	t of Social and He	alth Services (DSHS).
Legal Description:	)),	
Assessor's Property Tax Parcel Acco	unt Number:	
Child support payments, not paid whe DSHS claims that the debtor named a Support (DCS) files a lien in the amount	above owes past-o	due child support. The Division of Child
All real and personal property of t	he debtor named	above except Tribal Trust property.
Only the property described in the	Legal Descriptio	n section above.
December 02, 2006  Date	G. Brinlee Authorized Represe	
(360) 696-6100	G. Brinlee	
Telephone Number	Person to Contact	

In reply, refer to: Case #: 1440981

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

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FG VER: (1.2) 4487:20061202/ 1440981/4487