Doc # 2006163935
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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: Michael J. Hubb	ell	, also known as or	
doing business as:	A (25. W)		
		,	
SSN: xxx-xx-158	DOB:	03/27/57	
Grantee or Creditor: The Department	of Social and Health Se	ervices (DSHS).	
Legal Description:			
),	1	
Assessor's Property Tax Parcel Account	nt Number:		
Child support payments, not paid when DSHS claims that the debtor named ab Support (DCS) files a lien in the amount	ove owes past-due chi		on:
All real and personal property of the	e debtor named above	except Tribal Trust property.	
Only the property described in the	_egal Description secti	on above.	
December 02, 2006	P. Gray		_
Date	Authorized Representative DIVISION OF CHILD SUPP	ORT	
(360) 696-6100	P. Gray		_
Telephone Number	Person to Contact		
		000040704400106056300000000182502	

In reply, refer to: Case #: 407044

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.2) 3821:20061202/ 407044/3821