Doc # 2006164098
Page 1 of 1
Date: 12/13/2006 10:34A
Filed by: DEPT OF SOCIAL & HEALTH SVCS
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of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$0.88

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.	wisecarver or		, also known as or
doing business as:			,
			,
SSN: xxx-xx	-6161	DOB: <u>03/10/82</u>	·
Grantee or Creditor: The Departr	nent of Social and He	alth Services (DSHS)	).
Legal Description:	$\mathcal{O}_{II}$	· .c	1
Assessor's Property Tax Parcel A	ccount Number:		
Child support payments, not paid DSHS claims that the debtor nam Support (DCS) files a lien in the a	ed above owes past-o	due child support. Th	e Division of Child
All real and personal property	of the debtor named	above except Tribal <sup>-</sup>	Trust property.
Only the property described in	n the Legal Descriptio	n section above.	
December 12, 2006  Date	M. Loper Authorized Represe		
(360) 696-6100	M. Loper		
Telephone Number	Person to Contact		
		11 <b>1   1   1   1   1   1   1   1   1   1</b>	

In reply, refer to: Case #: 1797639 1854488

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

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FG VER: (1.3) 3592:20061212/ 1797639/3592