Doc # 2007164466
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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: doing business as:	Kevin Kimball			, also known as or,
	SSN: <u>xxx-xx-262</u>	5	DOB: <u>10/27/77</u>	
Grantee or Creditor	r: The Department	of Social and He	alth Services (DSHS	3).
Legal Description:)),	•	1
Assessor's Propert	y Tax Parcel Accoun	nt Number:		
DSHS claims that t		ove owes past-	ents and accrue to t due child support. T o in Skamani	he Division of Child
All real and per	sonal property of th	e debtor named	above except Tribal	Trust property.
Only the prope	rty described in the	Legal Descriptio	n section above.	,
January 09, 20 Date	07	J. Demich Authorized Representation OF CHIL		
(360) 696-6100		J. Demich		
Telephone Number		Person to Contact	9: W 01 0 0 00 100 10 10 10 10 10 10 10 10 1	R(\$1 4 B) B B B B B B B B B
			00019619790	053081480000000012502

In reply, refer to: Case #: 1961979

> FG VER: (1.3) 3520:20070109/ 1961979/3520

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