Doc # 2007164906
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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. San	Diego	, also known as or
doing business as: MICHAEL JOSEPH	SANDIEGO	<u> </u>
		,
SSN: xxx-xx-80	DOBDOB	3: 11/29/70
Grantee or Creditor: The Department	of Social and Health S	ervices (DSHS).
Legal Description:))''	
Assessor's Property Tax Parcel Accou	int Number:	
Child support payments, not paid whe DSHS claims that the debtor named a Support (DCS) files a lien in the amou	bove owes past-due ch	nild support. The Division of Child
All real and personal property of the	ne debtor named above	except Tribal Trust property.
Only the property described in the	Legal Description sect	tion above.
February 03, 2007	C. Sanders	
Date	Authorized Representative DIVISION OF CHILD SUPP	
(206) 341-7000	C. Sanders	
Telephone Number	Person to Contact	- "
·		000188738200453517300000000012502

In reply, refer to: Case #: 1887382

> FG VER: (1.3) 4238:20070203/ 1887382/4238

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