Doc # 2007165036
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Date: 02/16/2007 11:21A
Filed by: DEPT OF SOCIAL & HEALTH SVCS
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of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$0.90

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: Ta	urus S. Baxte:	r		also known as or
doing business as: TO	NY BAXTER			,
MA	XWELL FREMONT	BATTEN		,
SS	N: <u>xxx-xx-5</u> 155	$\sqrt{2}$	DOB: <u>06/21/74</u>	·
Grantee or Creditor: 7	The Department of	Social and Hea	alth Services (DSHS).	
Legal Description:	\mathcal{C}			N
Assessor's Property T	ax Parcel Account	t Number:		
Child support paymen DSHS claims that the Support (DCS) files a	debtor named abo	ove owes past-o	lue child support. The	
All real and person	nal property of the	debtor named	above except Tribal Tr	ust property.
Only the property	described in the L	egal Description	section above.	
February 14, 200	7	. Louthan		
Date		Authorized Represe DIVISION OF CHILI		
(360) 696-6100		C. Louthan		
Telephone Number	F	Person to Contact		
In ranky refer to:			000112502500374	135120000000342502

In reply, refer to: Case #: 1125025

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

FG VER: (1.3) 0512:20070214/ 1125025/0512