Doc # 2007165349
Page 1 of 1
Date: 03/19/2007 02:36P
Filed by: DEPT OF SOCIAL & HEALTH SVCS
Filed & Recorded in Official Records
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: Timothy M. Evandoing business as:	ns, also known as or
dolling business as.	
SSN: <u>xxx-xx-79</u> 7	DOB: <u>06/14/69</u>
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Accou	nt Number:
	n due, are judgments and accrue to the lien amount. prove owes past-due child support. The Division of Child it of \$ 11,212.30 in Skamania County on:
All real and personal property of th	e debtor named above except Tribal Trust property.
Only the property described in the Legal Description section above.	
March 15, 2007	S. Riffle
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(509) 363-5000	S. Riffle
Telephone Number	Person to Contact
	00006854770021091480000000342502

In reply, refer to:

Case #: 686477 944028 1075515

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.3) 9893:20070315/ 686477/2352