Doc # 2007165375
Page 1 of 1
Date: 03/21/2007 12:21P
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: Padoing business as:	Paul A. Komara Iii		, also known as or	
<u>s</u>	SN: xxx-xx-6904	DOB:	04/04/69	'
Grantee or Creditor:	The Department of Soc	ial and Health Se	rvices (DSHS).	N
Legal Description:	\mathcal{O}	,		4
Assessor's Property	Tax Parcel Account Nu	mber:		
DSHS claims that the	nts, not paid when due, debtor named above of lien in the amount of \$	wes past-due chil		
All real and perso	onal property of the deb	tor named above	except Tribal Trust pro	operty.
Only the property	described in the Legal	Description section	on above.	
March 19, 2007 Date	Author	Be11 rized Representative ON OF CHILD SUPPO	ORT	
(360) 696-6100	<u>R. E</u>			
Telephone Number In reply, refer to:	Person	n to Contact	0001853624005133495000	00000092502

In reply, refer to: Case #: 1853624

> FG VER: (1.3) 3923:20070319/ 1853624/3923

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