Doc # 2007165399 Page 1 of 1 Date: 03/23/2007 11:45A 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: Ro	bert W. Basse	: Jr		, also known as or
doing business as: BI	LL BASSE			,
				<u> </u>
SS	SN: <u>xxx-xx-4</u> 926	5	OOB: <u>06/07/54</u>	· · · · · · · · · · · · · · · · · · ·
Grantee or Creditor: 1	Γhe Department c	of Social and Heal	th Services (DSHS	3).
Legal Description:	. C),,	•	1
Assessor's Property T	ax Parcel Accour	nt Number:		
Child support paymen DSHS claims that the Support (DCS) files a	debtor named ab	ove owes past-du	ie child support. T	he Division of Child
All real and person	nal property of the	e debtor named a	bove except Tribal	Trust property.
Only the property	described in the L	egal Description	section above.	
March 21, 2007 Date		D. Mceldery Authorized Represen DIVISION OF CHILD		
(360) 696-6100		D. Mceldery		
Telephone Number		Person to Contact		
			00002757200	0062038400000000462502

In reply, refer to: Case #: 275720 722814

FG VER: (1.3) 3393:20070321/ 275720/3393

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