Doc # 2007165605 Page 1 of 1 Date: 04/04/2007 01:27P 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: Jason E. Swar	nson		_, also known as or
doing business as:			,
	20		,
SSN: xxx-xx-0	792	DOB: <u>04/09/83</u>	
Grantee or Creditor: The Departme	nt of Social and He	alth Services (DSHS).
Legal Description:),		1
Assessor's Property Tax Parcel Acc	ount Number:		
Child support payments, not paid who DSHS claims that the debtor named Support (DCS) files a lien in the amount of the control	above owes past-	due child support. Th	ne Division of Child
X All real and personal property of	the debtor named	above except Tribal	Trust property.
Only the property described in the	ne Legal Descriptio	n section above.	
April 01, 2007 Date	C. Sommerfe Authorized Repres	entative	
(509) 363-5000	C. Sommerfe	ld	·
Telephone Number	Person to Contact		

000195628400530323800000000012502

In reply, refer to: Case #: 1956284 1983944

> FG VER: (1.3) 1861:20070401/ 1956284/1078

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