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Page 1 of 1
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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: Sonya N	1. Lay	, also known as or
doing business as: SONYA 1	NANNETTA LAY	
	$-\lambda \setminus \lambda$	
SSN:xxx	X-XX-5246	DOB: 10/13/74
Grantee or Creditor: The De	epartment of Social and He	alth Services (DSHS).
Legal Description:		
Assessor's Property Tax Par	rcel Account Number:	
	r named above owes past-o	ents and accrue to the lien amount. due child support. The Division of Child
All real and personal pro	perty of the debtor named	above except Tribal Trust property.
Only the property descri	bed in the Legal Descriptio	n section above.
May 14, 2007	J. Garrett	
Date	Authorized Represe	
(360) 696-6100	J. Garrett	
Telephone Number	Person to Contact	
		000195886500355853700000000262502

In reply, refer to: Case #: 1958865

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

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