Doc # 2007166135
Page 1 of 1
Date: 05/16/2007 12:23P
Filed by: DEPT OF SOCIAL & HEALTH SVCS
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of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$0.08

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: Kelly A. Hawk:	ins	, also knov	vn as or
doing business as:	- 4		,
	ANA		
SSN: <u>xxx-xx-23</u>	57	DOB: 10/13/68	·
Grantee or Creditor: The Department	of Social and He	ealth Services (DSHS).	l.
Legal Description:			1
Assessor's Property Tax Parcel Acco	unt Number:	47	
Child support payments, not paid who DSHS claims that the debtor named a Support (DCS) files a lien in the amount	bove owes past-	due child support. The Division o	
X All real and personal property of t	he debtor named	l above except Tribal Trust proper	rty.
Only the property described in the	Legal Description	on section above.	
May 14, 2007	D. Mceldery		
Date	Authorized Repres		
(360) 696-6100	D. Mceldery		
Telephone Number	Person to Contact		
		00018047610022861700000000	D142502

In reply, refer to: Case #: 1804761

> FG VER: (1.3) 3393:20070514/ 1804761/3393

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