Doc # 2007166143
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Date: 05/17/2007 12:01P
filed by: DEPT OF SOCIAL & HEALTH SVCS
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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: ਪੁੱਤ	ames A. Garrison	AT E	, also k	nown as or
doing business as:		A 1		, , , , , , , , , , , , , , , , , , ,
_	4	73 X X X		,
S	SN: <u>xxx-xx-332</u> 0	DOB:	05/11/61	· · · · · · · · · · · · · · · · · · ·
Grantee or Creditor:	The Department of Social	and Health Se	rvices (DSHS).	1
Legal Description:	\mathcal{O}	, ,		4
Assessor's Property	Fax Parcel Account Numb	er:		·
DSHS claims that the	nts, not paid when due, ar debtor named above ow lien in the amount of \$ 2	es past-due chi	ld support. The Division	
All real and perso	nal property of the debtor	named above	except Tribal Trust pro	perty.
Only the property	described in the Legal De	escription section	on above.	
May 15, 2007	J. Der	nich		
Date	Authorize	ed Representative NOF CHILD SUPP	ORT	
(360) 696-6100	J. Der	nich		
Telephone Number	Person to	Contact		
			00019345250052628920000	0000042502

In reply, refer to: Case #: 1934525

FG VER: (1.3) 3520:20070515/ 1934525/3520

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