Doc # 2007166423
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Date: 06/08/2007 11:51A
Filed by: DEPT OF SOCIAL & HEALTH SVCS
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$8.08

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: David E.	Blouin		, also known as o	or
doing business as:		4-		
SSN:xxx-	XX-6502	DOB: 05/22	, /76	
•		_	4	
Grantee or Creditor: The Depart	artment of Social ar	nd Health Services (	DSHS).	
Legal Description:	$\bigcirc$			
Assessor's Property Tax Parce	el Account Number:			
Child support payments, not pa DSHS claims that the debtor n Support (DCS) files a lien in th	amed above owes	past-due child supp		
All real and personal prope	erty of the debtor na	amed above except	Tribal Trust property.	
Only the property describe	d in the Legal Desc	cription section abov	e.	
June 06, 2007	S. Winbo	- 1		
Date	Authorized F	Representative F CHILD SUPPORT		
(360) 696-6100	S. Winbo	orne		
Telephone Number	Person to Co	ontact		
	:	0001	98901800460422800000000112502	

In reply, refer to: Case #: 1989018

FG VER: (1.3) 4229:20070606/ 1989018/4229

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