Doc # 2007166447
Page 1 of 1
Date: 06/11/2007 12:00P
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: Kevin D. Mcc	ourt Sr	, als	so known as or
doing business as:			,
			1
SSN: <u>xxx-xx-4</u>	135	DOB: <u>03/17/60</u>	·
Grantee or Creditor: The Departme	ent of Social and He	alth Services (DSHS).	1
Legal Description:	$\mathcal{I}_{\mathcal{I}_{\mathcal{I}_{\mathcal{I}}}}$		4
Assessor's Property Tax Parcel Acc	count Number:		
Child support payments, not paid w DSHS claims that the debtor named Support (DCS) files a lien in the am	d above owes past-o	due child support. The Div	
All real and personal property of	f the debtor named	above except Tribal Trust	property.
Only the property described in t	he Legal Description	n section above.	
June 07, 2007	C. Vancouve:	-Tm5/Blu	
Date	Authorized Represe	entative	
(360) 696-6100	C. Vancouver	r-Tm5/Blu	
Telephone Number	Person to Contact		
		0000819155002703556	600000000162502

In reply, refer to: Case #: 819155

> FG VER: (1.3) 3083:20070607/ 819155/9492

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