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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:	Cameron W. Con	nnolly		also known as or
doing business as:	CAMERON WILLI	AM CONNOLLY		,
-	CAMERON W CON	NOLY		,
	SSN: <u>xxx-xx-55</u>	24	DOB: <u>05/20/66</u>	
Grantee or Creditor	r: The Departmen	t of Social and He	ealth Services (DSHS).	. 1
Legal Description:	_(<i>)))</i> ,		
Assessor's Propert	y Tax Parcel Acco	unt Number:		1 .
	he debtor named a	above owes past-	ents and accrue to the li due child support. The E 00 in Skamania	
All real and per	sonal property of t	he debtor named	above except Tribal Tru	st property.
	rty described in the			,
June 18, 2007 Date		D. Orr Authorized Represe		
(360) 696-6100		D. Orr	•	
Telephone Number		Person to Contact		
In reply, refer to:	en e		0001004788003374	76300000000032502
Case #: 1004788				

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.3) 3334:20070618/ 1004788/3334