Doc # 2007166618

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Date: 06/25/2007 11:53A

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: Louise A. Pro | vus | <u> </u> | _, also known as or |
|---|---|-----------------------------------|----------------------------------|
| doing business as: | - E . 9 | | · |
| | 7 7 1 | | , |
| SSN: <u>xxx-xx-</u> 68 | 01 | DOB: <u>07/02/63</u> | |
| Grantee or Creditor: The Departmen | t of Social and Hea | alth Services (DSHS |). |
| Legal Description: |)), | · . | 1 |
| Assessor's Property Tax Parcel Acco | unt Number: | | |
| Child support payments, not paid who DSHS claims that the debtor named support (DCS) files a lien in the amount | above owes past-dunt of \$ 938.81 | ue child support. The in Skamania | ne Division of Child County on: |
| All real and personal property of | the debtor named a | above except Tribal | Trust property. |
| Only the property described in th | e Legal Description | section above. | |
| June 20, 2007 | T. Hanson | | |
| Date | Authorized Represe DIVISION OF CHILD | | |
| .(509) 363-5000 | T. Hanson | | |
| Telephone Number | Person to Contact | | |
| | | 00013202019 | 409660500000000172502 |

In reply, refer to: Case #: 1320201

FG VER: (1.3) 4321:20070620/ 1320201/4321

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