Doc # 2007166632
Page 1 of 1
Date: 06/25/2007 01:50P
Filed by: DEPT OF SOCIAL & HEALTH SVCS
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of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$0.08

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: William D. Flee | ck | | _ , also known as or |
|---|--|---------------------|---------------------------------|
| doing business as: | | N/_ | , |
| | | | , |
| SSN: <u>xxx-</u> xx-176. | 3 D | OB: <u>05/29/71</u> | |
| Grantee or Creditor: The Department | of Social and Health | າ Services (DSHS) |). |
| Legal Description: |), . | | 1 |
| Assessor's Property Tax Parcel Account | nt Number: | | |
| Child support payments, not paid when DSHS claims that the debtor named ab Support (DCS) files a lien in the amount | ove owes past-due | child support. Th | e Division of Child |
| All real and personal property of the | e debtor named ab | ove except Tribal | Frust property. |
| Only the property described in the | Legal Description s | ection above. | |
| June 22, 2007 | R. Ethington | | |
| Date | Authorized Representa DIVISION OF CHILD S | | |
| (509) 363-5000 | R. Ethington | | |
| Telephone Number | Person to Contact | | • |
| | | 000153282300 | 457751600000000412502 |

In reply, refer to: Case #: 1532823

FG VER: (1.3) 4071:20070622/ 1532823/4071

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