Doc # 2007166920
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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: Thomas H. Water	rman	1 17	also known as or
doing business as:	4 1 4 4		,
			,
SSN: xxx-xx-540	2	DOB: <u>01/07/70</u>	· ·
Grantee or Creditor: The Department	of Social and He	alth Services (DSHS).	
Legal Description:),		3
Assessor's Property Tax Parcel Account	nt Number:		3
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. The D	
All real and personal property of the	e debtor named	above except Tribal Tru	st property.
Only the property described in the l			
July 12, 2007	S. Tiffany		<u></u>
Date	Authorized Repres DIVISION OF CHIL		
(253) 922-0454	S. Tiffany		
Telephone Number	Person to Contact		
		0001430343004380	7930000000132502

In reply, refer to: Case #: 1430343

FG VER: (1.3) 3545:20070712/ 1430343/3545

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