Doc # 2007166980

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Date: 07/23/2007 02:32P

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:	Ernest B.	Sutterli	ct	<u> </u>	_, also known as or
doing business as:	ERNIE SU	TTERLICT			,
			$\mathbf{w} \cdot \mathbf{v}$		j
	SSN:xxx-x	X-9580	DO	B: <u>05/30/63</u>	·
Grantee or Creditor	: The Depa	rtment of So	cial and Health	Services (DSHS)).
Legal Description:					1
Assessor's Propert	y Tax Parce	Account Nu	ımber:		
Child support paym DSHS claims that the Support (DCS) files	he debtor na	med above	owes past-due	child support. Th	e Division of Child
X All real and per	sonal prope	rty of the del	otor named abo	ve except Tribal	Trust property.
Only the proper	rty described	l in the Lega	l Description se	ction above.	
July 18, 2007		м.	Scully		
Date			orized Representation		
(360) 664-6900		М.	Scully		
Telephone Number		Perso	on to Contact		
			·	000196708300	05568850000000132502

Case #: 1967083 1782159 448866

In reply, refer to:

FG VER: (1.3) 2596:20070718/ 1967083/1458

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