Doc # 2007167026
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Filed by: DEPT OF SOCIAL & HEALTH SVCS
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of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$0.60

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 F. Smit doing business as:	th, also known as or ,
SSN:xxx-xx-277	DOB: 10/04/86 .
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Account	nt Number:
	n due, are judgments and accrue to the lien amount. bove owes past-due child support. The Division of Child at of \$ 1,693.00 in Skanania County on:
All real and personal property of the	e debtor named above except Tribal Trust property.
Only the property described in the	Legal Description section above.
July 24, 2007	J. Simpson
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(360) 664-6900	J. Simpson
Telephone Number	Person to Contact
	00019606470025992250000000042502
In reply, refer to: Case #: 1960647 1999814 2001341	
0000,	ma /4.20

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.3) 2457:20070724/ 1960647/2457