Ooc # 2007167289

Page 1 of 1

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Filed by: DEPT OF SOCIAL & HEALTH SVCS

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of SKAMANIA COUNTY

SKAMANIA COUNTY AUDITOR
J MICHAEL SARVISON

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: Cor	y A. Baker		, also known as or
doing business as:			<u> </u>
		- A N	,
SSN	V:XXX-XX-3024	DOB: <u>12/10/72</u>	
Grantee or Creditor: Th	ne Department of Social	and Health Services (DSI	HS).
Legal Description:			1
Assessor's Property Tax	x Parcel Account Numb	er;	7
DSHS claims that the de	ebtor named above owe	e judgments and accrue to es past-due child support. 7,017.70 in Skamar	The Division of Child
X All real and persona	I property of the debtor	named above except Trib	oal Trust property.
Only the property de	escribed in the Legat De	escription section above.	-
August 14, 2007 Date	Authorize	nich ad Representative NOF CHILD SUPPORT	·
(360) 696-6100		mich	
Telephone Number	Person to	Contact	-
		000199820	80053655680000000042502

In reply, refer to: Case #: 1998208

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.3) 3520:20070814/

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