Doc # 2007167705
Page 1 of 1
Date: 09/17/2007 02:13P
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: Robert B. Blanchard		, also k	known as or
doing business as:			,
			,
SSN: XXX-XX	<b>₹-16</b> 07	DOB: <u>09/01/87</u>	
Grantee or Creditor: The Depart	ment of Social and He	ealth Services (DSHS).	
Legal Description:	$O_{II}$		4
Assessor's Property Tax Parcel A	Account Number:		
Child support payments, not paid DSHS claims that the debtor nan Support (DCS) files a lien in the	ned above owes past-		
X All real and personal propert	y of the debtor named	above except Tribal Trust pro	perty.
☐ Only the property described			
September 12, 2007	K. Sargent		-
Date	Authorized Repress DIVISION OF CHIL		
(206) 341-7000	K. Sargent		
Telephone Number	Person to Contact		
		0001533154004205359000	00000202502

In reply, refer to: Case #: 1633164

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.3) 4589:20070912/ 1633164/4589