Doc # 2007167931
Page 1 of 1
Date: 10/10/2007 02:35P
Filed by: DEPT OF SOCIAL & HEALTH SVCS
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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: January	o. Akuna		, also known as or
doing business as:		<u> </u>	,
	0 10	7.7	,
SSN: XXX	K-XX-3391	DOB: <u>01/30/84</u>	<u> </u>
Grantee or Creditor: The De	partment of Social and	Health Services (DSHS).	
Legal Description:	O_{I}	•	1
Assessor's Property Tax Par	cel Account Number: _		
Child support payments, not DSHS claims that the debtor Support (DCS) files a lien in	named above owes pa	ast-due child support. The	e Division of Child
All real and personal pro	perty of the debtor nam	ned above except Tribal T	rust property.
Only the property descril	bed in the Legal Descrip	ption section above.	
October 06, 2007	M. Moen		
Date	Authorized Rep	oresentative CHILD SUPPORT	
(360) 696-6100	M. Moen		
Telephone Number	Person to Cont	act	
		0002008400002	31514800000000012502

In reply, refer to: Case #: 2008400

FG VER: (1.3) 3939:20071006/ 2008400/1472

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