Doc # 2007168053
Page 1 of 1
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of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$8.88

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: doing business as:	Tammee J. Hanser	1 .	$\leftarrow$	, also known as or ,
<b>3</b>		$\mathbf{A} \cdot \mathbf{A}$		,
	SSN: <u>xxx-xx-862</u> 3	U/AL	DOB: <u>06/15/60</u>	
Grantee or Creditor	r: The Department of	Social and He	alth Services (DSH	IS).
Legal Description:	$\mathcal{L}$		•	- 11
Assessor's Propert	y Tax Parcel Account	Number:		
DSHS claims that t	nents, not paid when on the debtor named abo a lien in the amount	ve owes past-	due child support.	The Division of Child
All real and per	sonal property of the	debtor named	above except Triba	al Trust property.
Only the prope	rty described in the L	egal Descriptio	n section above.	
October 22, 20	07	Berry		
Date		Authorized Represe		
(360) 696-6100		B. Berry		
Telephone Number		Person to Contact		
In reply, refer to:			0001930947	00525699800000000072502
			· ·	

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

Case #: 1930947

FG VER: (1.3) 2028:20071022/ 1930947/3818