Doc # 2007168339
Page 1 of 1
Date: 11/26/2007 12:24P
Filed by: DEPT OF SOCIAL & HEALTH SVCS
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J NICHAEL 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: The	nomas <u>A. Martin</u>	n Abv		, also known as or
doing business as:		. 6 . 6		
_				,
S	SN: <u>xxx-xx-477</u> 7		DOB: <u>06/24/81</u>	
Grantee or Creditor:	The Department of	Social and He	alth Services (DSHS	3).
Legal Description:		· .	•	
N. W.) `	-	
Assessor's Property	Tax Parcel Account	Number:		_}
Child support paymer DSHS claims that the	debtor named abo	ove owes past-o	lue child support. T	he Division of Child
Support (DCS) files a	lien in the amount	of $$4,520.0$	0 in Skamani	a County on:
X All real and perso	onal property of the	debtor named	above except Tribal	Trust property.
Only the property	described in the L	egal Descriptio	n section above.	
November 19, 200)7	K. Haught		
Date		Authorized Represe DIVISION OF CHILI		
(360) 696-6100	F	K. Haught		
Telephone Number	·F	Person to Contact		
			00020222960	0262471100000000012502

In reply, refer to: Case #: 2022296

> FG VER: (1.3) 3531:20071119/ 2022296/3531

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