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Date: 11/28/2007 12:35P
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 Deptor: Karry A.	Childers	, also known as of
doing business as:		
		,
SSN: XXX-	XX-3894 DOB	3: <u>07/14/70</u>
Grantee or Creditor: The Dep	artment of Social and Health S	ervices (DSHS).
Legal Description:	$O_{I_{i}}$	
Assessor's Property Tax Parc	el Account Number:	
DSHS claims that the debtor r	aid when due, are judgments a named above owes past-due ch ne amount of \$ _2,720.00	nild support. The Division of Child
All real and personal prop	erty of the debtor named above	except Tribal Trust property.
Only the property describe	ed in the Legal Description sect	tion above.
November 26, 2007	C. Bailey	
Date	Authorized Representative DIVISION OF CHILD SUP	
(360) 696-6100	C. Bailey	
Telephone Number	Person to Contact	
		000202853900273288100000000352502

In reply, refer to: Case #: 2028539 1884955 1920190

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

FG VER: (1.3) 2372:20071126/ 2028539/2372