Doc # 2007168603

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Date: 12/28/2007 11:11A

Filed by: DEPT OF SOCIAL & HEALTH SVCS

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of SKAMANIA COUNTY

SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON

Fee: \$8.08

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: Maxine 1	L. Koch	<i>a</i>	, also	known as or
doing business as: MAXINE	L BLAIR			,
		\mathbf{v}		
SSN:xxx	-XX-1558	DOB:	05/22/60	
Grantee or Creditor: The Dep	partment of Soc	ial and Health Se	rvices (DSHS).	
Legal Description:	O		5	4
Assessor's Property Tax Pard	el Account Nur	mber:		·
Child support payments, not p DSHS claims that the debtor Support (DCS) files a lien in t	named above o	wes past-due chi	ld support. The Divis	
All real and personal prop	erty of the debt	tor named above	except Tribal Trust p	roperty.
Only the property describ	ed in the Legal	Description secti	on above.	
December 26, 2007	G. D	ailey		
Date		ized Representative ON OF CHILD SUPP	ORT	
(360) 696-6100	G. r	ailey		<u>-</u>
Telephone Number	Persor	n to Contact		
			000200936500538351800	000000042502

In reply, refer to: Case #: 2009365

FG VER: (1.3) 1856:20071226/ 2009365/3266

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