Doc # 2008168680

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Date: 1/11/2008 01:48P

Filed by: DEPT OF SOCIAL & HEALTH SVCS

Filed & Recorded in Official Records

of SKAMANIA COUNTY

SKAMANIA COUNTY AUDITOR

J MICHAEL GARVISON

Fee: \$8.00

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: Micheal A. Ris	Ley, also known as or
doing business as:	,
	,
SSN: <u>xxx-xx-79</u> 7	DOB: <u>07/30/66</u> .
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Account	nt Number:
	due, are judgments and accrue to the lien amount. ove owes past-due child support. The Division of Child it of \$ 4,446.47 in Skamania County on:
All real and personal property of the	e debtor named above except Tribal Trust property.
Only the property described in the	Legal Description section above.
January 09, 2008	C. Bailey
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100	C. Bailey
Telephone Number	Person to Contact
	DI MAN MAN MAN MININI AMARKA DIN DIA MANUNI MANUNIN DI BENDREBAN DAN DINIFERIA MANUNIN MANUNIN MANUNIN MANUNIN

In reply, refer to: Case #: 846585 1912829

FG VER: (1.3) 2372:20080109/ 846585/2372

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