Doc # 2008168750
Page 1 of 1
Date: 1/18/2008 11:52A
Filed by: BEPT OF SOCIAL & HEALTH SVCS
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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: 9	Frady W. Brown	A .		, also known as or
doing business as:				
5	SSN: <u>xxx-xx-03</u> 15		DOB: <u>04/08/81</u>	
Grantee or Creditor:	The Department of	f Social and He	alth Services (DSHS	s).
Legal Description:		<i>)),</i>		1
Assessor's Property	Tax Parcel Accoun	t Number:		
Child support payme DSHS claims that the Support (DCS) files a	e debtor named abo	ove ow <mark>es</mark> past-d	lue child support. Th	ne Division of Child
			above except Tribal	Trust property.
Only the property	described in the L	egal Description	i section above.	
January 16, 2008	8 .	J. Burkdoll		
Date	7	Authorized Represer		
(360) 696-6100		J. Burkdoll		
Telephone Number		Person to Contact		
			0001908070003	3954483000000c0142502

Case #: 1908070 1813184

In reply, refer to:

FG VER: (1.3) 3939:20080116/ 1908070/2373

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