Doc # 2008168861
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Date: 01/30/2008 02:29P
Filed by: DEPT OF SOCIAL & HEALTH SVCS
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of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL BARVISON
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: Barbara J	. Jordan	, als	o known as or
doing business as:			,
	_ / V		,
SSN: xxx-x	X-4168	DOB: <u>11/30/82</u>	•
Grantee or Creditor: The Depart	rtment of Social and I	lealth Services (DSHS).	- 1
Legal Description:	$O)_{j}$		1
Assessor's Property Tax Parcel	Account Number:		<u> </u>
Child support payments, not pai DSHS claims that the debtor na Support (DCS) files a lien in the	med above owes pas	t-due child support. The Div	rision of Child
			County on:
All real and personal proper	ty of the debtor name	d above except Tribal Trust	property.
Only the property described	in the Legal Descript	tion section above.	
January 28, 2008	P. Gray		
Date	Authorized Repre		
(360) 696-6100	P. Gray	r .	
Telephone Number	Person to Contac	xt	_
		0001585363073643611	00000000312502

In reply, refer to: Case #: 1585363

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.3) 3821:20080128/ 1585363/3821