Doc # 2008168979
Page 1 of 1
Date: 2/13/2008 12:04P
Filed by: DEPT OF SOCIAL & HEALTH SVCS
Filed & Recorded in Official Records
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:	Rhonda G. Botto	m	1 1	, also known as or
doing business as:		انات	\sim	,
	SSN: <u>xxx</u> -xx-6714		DOB: <u>07/23/75</u>	
Grantee or Creditor	r: The Department d	f Social and He	alth Services (DSH	€).
Legal Description:	\mathcal{L}		•	1
	y Tax Parcel Accour			-}
DSHS claims that t	nents, not paid when he debtor named ab s a lien in the amoun	ove owes past-	due child support.]	he Division of Child
X All real and per	rsonal property of the	debtor named	above except Triba	l Trust property.
Only the prope	rty described in the I	.egal Description	n section above.	
February 11, 2	8008	P. Stevens		
Date		Authorized Repres		
(360) 696-6100	<u> </u>	P. Stevens		
Telephone Number		Person to Contact		
			0001990942	00469230200000000102502

In reply, refer to: Case #: 1990942

FG VER: (1.3) 3739:20080211/ 1990942/0725

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