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SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$6.00

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: Gary La:	rson	7	, also k	known as or
doing business as:		4 8		· · · · · · · · · · · · · · · · · · ·
	- 1			<u> </u>
SSN: <u>xxx</u>	-XX-3216	DOB: o	04/16/50	
Grantee or Creditor: The Dep	partment of Social a	nd Health Serv	vices (DSHS).	1
Legal Description:	O)		0	4
Assessor's Property Tax Pard	cel Account Number	•		
Child support payments, not p DSHS claims that the debtor Support (DCS) files a lien in t	named above owes	past-due child		
All real and personal prop	perty of the debtor n	amed above e	xcept Tribal Trust pro	operty.
Only the property describ	ed in the Legal Des	cription section	n above.	
March 06, 2008	M. Comb	s		
Date		Representative OF CHILD SUPPO	RT	
(360) 696-6100	M. Comb	S		<u> </u>
Telephone Number	Person to C	ontact		

In reply, refer to: Case #: 2038054

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

FG VER: (1.3) 2639:20080306/ 2038054/2639