Doc # 2008169210

Page 1 of 1

Date: 3/10/2008 01:05P

Filed by: DEPT OF SOCIAL & HEALTH SVCS

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of SKAMANIA COUNTY

SKAMANIA COUNTY AUDITOR
J HICHAEL 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: Kevin R. Miller doing business as:	- P		also known as or
dollig business as.	- 		· · · · · · · · · · · · · · · · · · ·
SSN: <u>xxx-xx-54</u> 1	4	DOB: <u>04/06/74</u>	
Grantee or Creditor: The Department	of Social and He	alth Services (DSHS).	
Legal Description:),,		N
Assessor's Property Tax Parcel Account	nt Number:		<u>.</u>
Child support payments, not paid when DSHS claims that the debtor named ab Support (DCS) files a lien in the amount	ove owes past-		
All real and personal property of the	e debtor named	above except Tribal Tr	ust property.
Only the property described in the	Legal Descriptio	n section above.	
March 06, 2008	D. Taylor	,	
Date	Authorized Represe		
(425) 438-4800	D. Taylor		
Telephone Number	Person to Contact		

In reply, refer to: Case #: 1676312

FG VER: (1.3) 0238:20080306/ 1676312/0238

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