Doc # 2008169252
Page 1 of 1
Date: 3/14/2008 08:05A
Filed by: DEPT OF SOCIAL & HEALTH SVCS
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
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: Raeanna D. Jone	s	ξ, ε	also known as or
doing business as:	4.7.		,
		ND: 00 (02 (02	,
SSN: <u>xxx-xx-112</u>	DC	DB: <u>08/23/90</u>	
Grantee or Creditor: The Department of	f Social and Health	Services (DSHS).	
Legal Description:	<i>)</i> , .		\sim
Assessor's Property Tax Parcel Accour	t Number:)]
Child support payments, not paid when DSHS claims that the debtor named ab Support (DCS) files a lien in the amount	ove owes past-due t of \$ _459.89	in Skamania	County on:
All real and personal property of the	debtor named abo	ve except Tribal Tru	ist property.
Only the property described in the			
March 11, 2008 Date	J. Demich Authorized Representa DIVISION OF CHILD S	tive UPPORT	
(360) 696-6100	J. Demich		
Telephone Number	Person to Contact		
		000204329500543	988200000000012502

In reply, refer to: Case #: 2043295

FG VER: (1.3) 3520:20080311/ 2043295/3520

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