AFN #2009173826 Recorded 09/08/09 at 04:28 PM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor J. Michael Garvison Skamania County, WA

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: Shirley A. Mim	s Hawkins, also known as or
doing business as: SHIRLEY ANN HA	WKINS ,
SSN:xxx-xx-760	9 DOB: <u>07/22/54</u>
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:	
	(0)
Assessor's Property Tax Parcel Account	nt Number:
DSHS claims that the debtor named a	n due, are judgments and accrue to the lien amount. bove owes past-due child support. The Division of Child nt of \$ 1,719.90 in Skamania County on
X All real and personal property of the	e debtor named above except Tribal Trust property.
Only the property described in the	Legal Description section above.
September 01, 2009	B. Spitzer
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(360) 664-6900	B. Spitzer
Telephone Number	Person to Contact
	000213732200329014700000000032502

In reply, refer to: Case #: 2137322

> FG VER: (1.3) 0722:20090901/ 2137322/0722

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