AFN #2008170462 Recorded 07/16/08 at 12:34 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

In reply, refer to: Case #: 1411608

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

## STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

## NOTICE AND STATEMENT OF LIEN

Grantor or Debtor:	Albert G. Masc	ott l		, also known as or
doing business as:				,
				,
	SSN: <u>xxx-xx-686</u>	3 D	<b>OB</b> : 06/07/66	-
Grantee or Credito	r: The Department	of Social and Health	n Services (DSHS).	<b>~</b> \
Legal Description:		)`	_(	17
Assessor's Proper	ty Tax Parcel Accou	nt Number:		·
	nents, not paid wher the debtor named at			
	s a lien in the amour		in Skamania	
X All real and pe	rsonal property of th	e debtor named ab	ove except Tribal T	rust property.
☐ Only the prope	erty described in the	Legal Description s	ection above.	
July 14, 2008		J. Demich		
Date		Authorized Representa DIVISION OF CHILD S		
(360) 696-6100	)	J. Demich		
Telephone Number		Person to Contact		

FG VER: (1.3) 3520:20080714/

1411608/3520