AFN #2009173871 Recorded 09/14/09 at 04:49 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: doing business as:		, also known as or
		,
	SSN: <u>XXX-XX-643</u>	DOB: 05/31/81 .
Grantee or Credito	r: The Department	of Social and Health Services (DSHS).
Legal Description:		), ()
Assessor's Proper	ty Tax Parcel Accou	ınt Number:
DSHS claims that t	he debtor named al	n due, are judgments and accrue to the lien amount. bove owes past-due child support. The Division of Child nt of \$ 4,110.00 in Skamania County on
		ne debtor named above except Tribal Trust property.  Legal Description section above.
September 09, Date	2009	B. Glover Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100	)	B. Glover
Telephone Number		Person to Contact
		00020564130054589820000000072502

In reply, refer to: Case #: 2056413

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 00020564130054589820000000072502

FG VER: (1.3) 4135:20090909/ 2056413/4135