AFN #2009174603 Recorded 12/28/09 at 11:42 AM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor's Office 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:	Richard W. M	orisette			, also kn	own as or ,
				14.14.		
	SSN: XXX-XX-9	318		DOB: <u>11/11/</u>	69	
Grantee or Creditor	: The Departme	ent of Socia	and Heal	th Services (E	SHS).	
Legal Description:	$\sim$					3
Assessor's Propert	y Tax Parcel Acc	ount Numl	per:			,
Child support paym DSHS claims that the Support (DCS) files	ne debtor named	l above ow	es past-du	e child suppo	rt. The Division	
XI All real and per	sonal property o	f the debto	r named al	ove except T	ribal Trust prop	erty.
☐ Only the proper	ty described in t	he Legal D	escription	section above	ł.	
December 23, 2	009	P. Gr	ay			
Date	***************************************		ed Represent N OF CHILD			
(360) 696-6100		P. Gr	ay			
Telephone Number		Person t	o Contact			

In reply, refer to: Case #: 2080287

FG VER: (1.3) 3821:20091223/ 2080287/3821

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