AFN #2010174948 Recorded 02/22/10 at 12:04 PM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor Timothy O. Todd Skamania County,

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: Tullo E.	carias , also known as or
doing business as:	
SSN: XXX-X	X-4104 DOB: 10/25/73
Grantee or Creditor: The Department	rtment of Social and Health Services (DSHS).
Legal Description:	0.03
Assessor's Property Tax Parce	Account Number:
	d when due, are judgments and accrue to the lien amount. med above owes past-due child support. The Division of Child amount of \$ 9,566.97 in Skamania County or
XI All real and personal prope	ty of the debtor named above except Tribal Trust property.
Only the property described	in the Legal Description section above.
February 17, 2010 Date	J. Herrera Authorized Representative DIVISION OF CHILD SUPPORT
(425) 438-4800	J. Herrera
Telephone Number	Person to Contact
	0001307773000158879000000005585502

In reply, refer to: Case #: 1307773

FG VER: (1.3) 2988:20100217/ 1307773/2988

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