AFN #2010175133 Recorded 03/22/10 at 09:13 AM 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

	Damon J. Gilimor	, also known as or
doing business as:		
	SSN: <u>xxx-xx-3945</u>	DOB: <u>11/01/74</u>
Grantee or Creditor	: The Department of	Social and Health Services (DSHS).
Legal Description:), (0)
Assessor's Property	y Tax Parcel Account	Number: ·
DSHS claims that the	ne debtor named abo	due, are judgments and accrue to the lien amount. ve owes past-due child support. The Division of Child of \$ _25,642.37 in Skamania County on
X All real and per	sonal property of the	debtor named above except Tribal Trust property.
☐ Only the proper	ty described in the Le	egal Description section above.
March 15, 2010 Date		Luthorized Representative DIVISION OF CHILD SUPPORT
(253) 922-0454	<u></u> <u>A</u>	A. Harmon
Telephone Number	P	Person to Contact
		00010555020034940640000000372502

In reply, refer to: Case #: 1055502 1562435

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 00010555020034940640000000372502

FG VER: (1.3) 3285:20100315/ 1055502/3285