AFN #2010175148 Recorded 03/24/10 at 11:12 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

Grantor or Debtor: doing business as:	Kevin W. Mccle	llan, also known as or
	SSN: XXX-XX-441	DOB: <u>07/30/71</u>
Grantee or Creditor	: The Department	of Social and Health Services (DSHS).
Legal Description:), ()
Assessor's Property	y Tax Parcel Accou	nt Number:
DSHS claims that the	he debtor named ab	due, are judgments and accrue to the lien amount. bove owes past-due child support. The Division of Child of \$ 37,272.20 in Skamania County on
X All real and per	sonal property of the	e debtor named above except Tribal Trust property.
☐ Only the proper	ty described in the	Legal Description section above.
March 22, 2010		K. Nygaard
Date	•	Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100		K. Nygaard
Telephone Number		Person to Contact

In reply, refer to: Case #: 1725437

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

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