AFN #2010175234 Recorded 04/06/10 at 01:25 PM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor Timothy O. Todd 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:	GARY D JONES		, also known as or
doing business as:			
•			
	SSN: XXX-XX-5087	DOB: 09/19	/1963
Grantee or Creditor	r: The Department o	f Social and Health Services (DSHS).
Legal Description:		Ci(C	
Assessor's Propert	y Tax Parcel Accour	t Number:	·
DSHS claims that t		due, are judgments and accruove owes past-due child support of \$ 15,194.74 in SKA	
X All real and per	sonal property of the	e debtor named above except	Tribal Trust property.
☐ Only the prope	rty described in the l	egal Description section abov	e.
April 03, 2010		P STEVENS	
Date		Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100		P STEVENS	
Telephone Number	<u> </u>	Person to Contact	
V		0001	5506500042131030000000092502
In reply, refer to:	,		

2000 //

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 725:04032010/ 1650650 / 725