AFN #2010175235 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

, also known as or
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DOB: <u>04/17/1967</u>
ial and Health Services (DSHS).
C(G)
nber:
are judgments and accrue to the lien amount. wes past-due child support. The Division of Child 4,010.83 in SKAMANIA County on:
or named above except Tribal Trust property.
Description section above.
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MICH
000175489600497171100000000282502

In reply, refer to: Case #: 1754896

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 3520:04032010/ 1754896 / 3520