AFN #2010175247 Recorded 04/08/10 at 12:19 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: JUAN M HE	RNANDEZ-REYNOSO	·	, also known as or
doing business as:			
<u> </u>		· · · · ·	
SSN: XXX-X	XX-0000	DOB: <u>08/05/1974</u>	
Grantee or Creditor: The Department	rtment of Social and H	lealth Services (DSHS).	
Legal Description:			
Assessor's Property Tax Parce	Account Number:		
Child support payments, not pa DSHS claims that the debtor na Support (DCS) files a lien in the	amed above owes past	t-due child support. The	e Division of Child
All real and personal prope	rty of the debtor name	d above except Tribal T	rust property.
Only the property described	d in the Legal Descripti	ion section above.	
April 06, 2010  Date	M NACCARATO Authorized Repre	sentative	<del>) 1</del>
(509) 374-2000	M NACCARATO	o i	
In reply, refer to:	Person to Contac	00021603600056	3236790000000032502
IICTEDIV. TETEL IO.			

Case #: 2160360

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 4361:04062010/ 2160360 / 4361