AFN #2010175249 Recorded 04/08/10 at 12:31 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: TALON G W	HITE		, also known as or
doing business as:			
·		7	
SSN: XXX-X	(X-5437	DOB: <u>11/30/1980</u>	
Grantee or Creditor: The Depa	rtment of Social a	and Health Services (DSHS)	
Legal Description:	~5		
Assessor's Property Tax Parce	l Account Numbe	r	
Child support payments, not pa DSHS claims that the debtor na Support (DCS) files a lien in the	amed above owes	s past-due child support. Th	e Division of Child
X All real and personal prope	rty of the debtor r	named above except Tribal	Frust property.
☐ Only the property described			
April 06, 2010	J DEMIC	CH .	
Date		Representative OF CHILD SUPPORT	
(360) 696-6100	J DEMIC	CH	
Telephone Number	Person to C	Contact	7
		0002189458005	67195600000000012502
In reply, refer to: Case #: 2189458			

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

FG VER: (1.4) 3520:04062010/ 2189458 / 3520

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