AFN #2010175302 Recorded 04/20/10 at 08:21 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

doing business as:	AVID ALAN HIL	SINGER	$\overline{}$, also kno	wn as or
doing basiless as			_		
•	SSN: <u>xxx-xx-141</u>	8	DOB: 07/11/196	9	
Grantee or Creditor:	The Department	of Social and Hea	alth Services (DSHS	5).	\
Legal Description:),	_<	1	3
Assessor's Property	Tax Parcel Accou	nt Number:	\triangle	_	·
Child support payme DSHS claims that th Support (DCS) files	e debtor named at	ove owes past-o	lue child support. T	he Division	
XI All real and pers	onal property of th	e debtor named	above except Tribal	Trust prope	rty.
☐ Only the propert	y described in the	Legal Description	n section above.		
April 13, 2010		S ANDERSON			
Date		Authorized Represe DIVISION OF CHILI			
(360) 664-6900		S ANDERSON			
Telephone Number		Person to Contact			

In reply, refer to:

Case #: 2119450 2205760

000211945000555884900000000112502

FG VER: (1.4) 4702:04132010/ 2119450 / 4702

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