AFN #2010175752 Recorded 06/17/10 at 11:49 AM 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: doing business as:	GARY PAUL MCKIN	1TEA		, also known as or ,
				······································
	SSN: XXX-XX-132	3	DOB: <u>07/07/1947</u>	·
Grantee or Creditor	r: The Department o	of Social and Hea	alth Services (DSHS).	- 1
Legal Description:	\sim),	(13
Assessor's Propert	y Tax Parcel Accour	nt Number:		
DSHS claims that t		ove owes past-o	ents and accrue to the due child support. The in SKAMANIA	
XI All real and per	sonal property of the	e debtor named	above except Tribal Tr	ust property.
☐ Only the prope	rty described in the	Legal Description	n section above.	
June 14, 2010		A SAUCEDA	,	
Date		Authorized Represe DIVISION OF CHILL		
(509) 886-6800	·	A SAUCEDA		
Telephone Number		Person to Contact		

In reply, refer to: Case #: 1751813

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

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