AFN #2010175799 Recorded 06/23/10 at 02:41 PM 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

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

## STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

## NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: CHRIStology doing business as:	STOPHE GREG RUTLEDG	E	, also known as or ,
. <u></u>			,
SSN:	XXX-XX-3165	DOB: 01/29/1969	9
Grantee or Creditor: The	Department of Social and	d Health Services (DSHS	6).
Legal Description:	O,		77
Assessor's Property Tax	Parcel Account Number:	-	
DSHS claims that the del	not paid when due, are ju btor named above owes p n in the amount of \$ 23,6	past-due child support. T	he Division of Child
XI All real and personal	property of the debtor nai	med above except Tribal	Trust property.
☐ Only the property des	scribed in the Legal Desci	ription section above.	
June 21, 2010	W COWLEY		
Date	Authorized Re DIVISION OF	epresentative CHILD SUPPORT	:
(360) 696-6100	M COMPEA	<u> </u>	
Telephone Number	Person to Cor	ntact	
In reply, refer to:		00006759400	0207456400000000822502

FG VER: (1.4) 2544:06212010/

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