AFN #2010175853 Recorded 06/30/10 at 12:00 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:	JAMES EARL PARK	ŒR		, also kno	wn as or
doing business as:		LA		· · · · · · · · · · · · · · · · · · ·	,
	SSN: XXX-XX-934		DOB: <u>12/09/198</u>	34	
Grantee or Creditor	: The Department of	of Social and He	alth Services (DSH	S).	1
Legal Description:		"	_()	7
Assessor's Propert	y Tax Parcel Accour	nt Number:			·
DSHS claims that t	ents, not paid when he debtor named ab a lien in the amoun	ove owes past-o	due child support.	The Division	
X All real and per	sonal property of the	e debtor named	above except Triba	ıl Trust prope	erty.
Only the prope	rty described in the	Legal Descriptio	n section above.		
June 28, 2010 Date		J DEMICH Authorized Represe		· 	
(360) 696-6100	•	DIVISION OF CHILI J DEMICH	DSUPPORT		
Telephone Number		Person to Contact			
In ronly refer to:			0002156900	004478398000000	00032502
ID FORIVE FORCE TO:					

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FG VER: (1.4) 3520:06282010/ 2156900 / 3520

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

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Case #: