AFN #2010176165 Recorded 08/16/10 at 07:40 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

Grantor or Debtor: MATTHE	W JAY TRULOCK		_, also known as or
doing business as:			,
			46
SSN: xx	XX-XX-6858	DOB: <u>12/25/1988</u>	3
Grantee or Creditor: The D	epartment of Social	and Health Services (DSHS	3).
Legal Description:	(O)	`_(17
Assessor's Property Tax Pa	arcel Account Numbe	er:	
	or named above owes	judgments and accrue to the past-due child support. The in SKAMANIA	he Division of Child
X All real and personal pr	operty of the debtor r	named above except Tribal	Trust property.
Only the property descr	ibed in the Legal Des	scription section above.	
August 10, 2010 Date		INS Representative OF CHILD SUPPORT	
(425) 438-4800	W COLL		
Telephone Number	Person to 0	Contact	
•			

In reply, refer to: Case #: 2213502

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

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