AFN #2010176191 Recorded 08/18/10 at 12:38 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

## 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:	TYLER JAY TAKEMO	OTO	<del></del>	, also known as or	
	SSN: <u>xxx-xx-4090</u>		DOB: <u>01/02/1987</u>		
Grantee or Credito	r: The Department of	Social and Hea	alth Services (DSHS).		
Legal Description:		"	_(	17	
Assessor's Propert	y Tax Parcel Account	t Number:	$\rightarrow$	·	
DSHS claims that t		ove owes past-d	ents and accrue to the due child support. The in SKAMANIA	e Division of Child	n
X All real and per	sonal property of the	debtor named	above except Tribal T	rust property.	
Only the prope	rty described in the $lacksquare$	egal Description	n section above.	•	
August 16, 201	0	J DEMICH			
Date		Authorized Represe DIVISION OF CHILL		· · · · · · · · · · · · · · · · · · ·	
(360) 696-6100	<u>.                                      </u>	J DEMICH			
Telephone Number	F	Person to Contact			
In roply refer to:			0002185712002	51699500000000012502	

In reply, refer to: Case #: 2185712 2235606

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

FG VER: (1.4) 3520:08162010/ 2185712 / 3520