AFN #2010176278 Recorded 08/30/10 at 12:18 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:				also known as or
		$\mathbf{v}_{\mathbf{v}}$	<u> </u>	,
	SSN: <u>XXX-XX-465</u>	2 DO	OB: <u>10/12/1971</u>	
Grantee or Credito	r: The Department	of Social and Health	Services (DSHS).	<u> </u>
Legal Description:)`	_(13
Assessor's Propert	y Tax Parcel Accou	nt Number:	\frown	
DSHS claims that t		ove owes past-due	s and accrue to the child support. The in SKAMANIA	
All real and per	rsonal property of th	e debtor named abo	ove except Tribal Tr	ust property.
	rty described in the			
August 25, 201	.0	J DEMICH		
Date		Authorized Representati DIVISION OF CHILD S		
(360) 696-6100)	J DEMICH		
Telephone Number		Person to Contact		

In reply, refer to: Case #: 1539075

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

FG VER: (1.4) 3520:08252010/ 1539075 / 3520