AFN #2010176343 Recorded 09/08/10 at 02:02 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: doing business as:	BRANDON EDWARD	ANDERSON		also known as or
			***	
	SSN: XXX-XX-412	6	DOB: <u>02/12/1980</u>	
Grantee or Credito	r: The Department	of Social and Hea	alth Services (DSHS).	<b>∼</b> \
Legal Description:	_ (	"		
4.4	$ \bigcirc $		_1/	) )
Assessor's Propert	y Tax Parcel Accou	nt Number:		
DSHS claims that t	the debtor named at	ove owes past-o	ents and accrue to the due child support. The in SKAMANIA	
X All real and per	rsonal property of th	e debtor named	above except Tribal Tr	ust property.
Only the prope	rty described in the	Legal Description	n section above.	
September 03,	2010	J DEMICH	<i>r</i>	
Date	<del></del>	Authorized Represe		
(360) 696-6100	)	J DEMICH		
Telephone Number		Person to Contact		
		-	00017675270012	9449700000000042502
In reply, refer to: Case #: 1767527	7 2209914 22446	15		

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

FG VER: (1.4) 3520:09032010/ 1767527 / 3520