AFN #2010176349 Recorded 09/09/10 at 11:11 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:	TIMOTHY LEE HU	DDLESTON		, also known as or
doing business as:				<u> </u>
				,
	SSN: XXX-XX-249	1	DOB: <u>10/10/19</u>	82
Grantee or Credito	r: The Department	of Social and	Health Services (DSF	IS).
Legal Description:) '	_(77
Assessor's Propert	ty Tax Parcel Accou	int Number: _		
DSHS claims that t		bove owes pa	gments and accrue to st-due child support. 3 in SKAMAN	The Division of Child
X All real and per	rsonal property of th	e debtor name	ed above except Triba	al Trust property.
	rty described in the			
September 06, Date	2010	J BIHM Authorized Repu DIVISION OF C	esentative HILD SUPPORT	
(360) 696-6100)	J BIHM		
Telephone Number		Person to Conta	ct	

In reply, refer to: Case #: 2188249

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 00021882490056700090000000052502

FG VER: (1.4) 3823:09062010/ 2188249 / 3823