AFN #2010176528 Recorded 10/04/10 at 08:45 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 JAY FIG	, also known as or
doing business as: TIM FITCH	
SSN: <u>xxx-xx-</u> 3515	DOB: <u>08/12/1970</u>
Grantee or Creditor: The Department of	f Social and Health Services (DSHS).
Legal Description:) (0)
Assessor's Property Tax Parcel Accoun	t Number: ·
Child support payments, not paid when DSHS claims that the debtor named absupport (DCS) files a lien in the amount	due, are judgments and accrue to the lien amount. ove owes past-due child support. The Division of Child t of \$ 1,250.00 in SKAMANIA County on
X All real and personal property of the	debtor named above except Tribal Trust property.
Only the property described in the L	egal Description section above.
September 27, 2010	VANCOUVER FIELD OFFICE
	Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100	VANCOUVER FIELD OFFICE
Telephone Number	Person to Contact

In reply, refer to:

Case #: 2112722 2050935

000211272200553494900000000082502

FG VER: (1.4) 3520:09272010/ 2112722 / 9888

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