AFN #2010176530 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: 5 doing business as:	WILLIAM ANTHONY	SUTTON		, also knov	wn as or
doing business as.					
-	SSN: <u>x</u> xx-xx-857) DC	OB: <u>11/02/1963</u>		<u> </u>
Grantee or Creditor:	The Department	of Social and Health	Services (DSHS).	-	
Legal Description:),	_<	7	3
Assessor's Property	Tax Parcel Accour	nt Number:			
Child support payme DSHS claims that the Support (DCS) files	e debtor named ab	ove owes past-due	child support. The	Division of	
All real and pers	sonal property of the	e debtor named abo	ove except Tribal T	rust prope	rty.
☐ Only the proper	ty described in the	egal Description se	ection above.		
September 27, 2	2010	T SMITH Authorized Representat DIVISION OF CHILD SU			
(360) 696-6100		T SMITH			
Telephone Number		Person to Contact			
			00020286820031	.66428000000	0062502

In reply, refer to: Case #: 2028682

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

FG VER: (1.4) 3999:09272010/ 2028682 / 3999