AFN #2010176670 Recorded 10/21/10 at 11:46 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

doing business as:	CHRISTOPHE L JO	ONES	\leftarrow	, also known as or
	SSN: <u>xxx-xx-116</u>	9	DOB: 07/08/1971	
Grantee or Creditor	: The Department	of Social and Hea	alth Services (DSHS).	- 1
Legal Description:),	_(13
Assessor's Property	y Tax Parcel Accou	nt Number:		
	ne debtor named ab	ove owes past-d	ents and accrue to the lue child support. The in SKAMANIA	
X All real and per	sonal property of th	e debtor named	bove except Tribal Ti	rust property.
☐ Only the proper	ty described in the	Legal Description	n section above.	
October 18, 20	10	P JONES		
Date		Authorized Represe DIVISION OF CHILL		
(509) 374-2000		P JONES	·	
Telephone Number		Person to Contact		

In reply, refer to: Case #: 2213839

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

000221383900421810200000000012502

FG VER: (1.4) 3457:10182010/ 2213839 / 3457