AFN #2010176691 Recorded 10/25/10 at 12:08 PM 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:	MARK BIDDISCOM	BE		, aiso k	nown as or
doing business as:					,
					<u>, , , , , , , , , , , , , , , , , , , </u>
	SSN: <u>xxx-xx</u> -711	9	DOB: <u>11/20/19</u>	81	·
Grantee or Creditor	r: The Department	of Social and	Health Services (DSF	IS).	
Legal Description:		"	_	)	7
Assessor's Propert	y Tax Parcel Accou	nt Number: _	-		<u> </u>
DSHS claims that t	he debtor named at	oove owes pa	gments and accrue to st-due child support. 5.00 in SKAMAN	The Division	
X All real and per	sonal property of th	e debtor nam	ed above except Triba	al Trust pro	perty.
☐ Only the proper	rty described in the	Legal Descrip	otion section above.		
October 20, 20	10	J DEMICH	_		
Date		Authorized Rep DIVISION OF C	resentative :HILD SUPPORT		
(360) 696-6100		J DEMICH			
Telephone Number		Person to Conta	act		
		•			

In reply, refer to: Case #: 2239031

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

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