AFN #2010176753 Recorded 11/01/10 at 02:32 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: HENRY CRAIG SLO	DAN , also known as or
doing business as:	
SSN : <u>xxx-xx-579</u>	ODOB: <u>06/09/1982</u>
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:), (0)
Assessor's Property Tax Parcel Account	nt Number:
	n due, are judgments and accrue to the lien amount. bove owes past-due child support. The Division of Child of \$ 414.84 in SKAMANIA County on
X All real and personal property of th	e debtor named above except Tribal Trust property.
Only the property described in the	Legal Description section above.
October 29, 2010	E BECKER
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(206) 341-7000	E BECKER
Telephone Number	Person to Contact
	00019171510045021720000000202502

In reply, refer to: Case #: 1917151

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 1468:10292010/

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