AFN #2010176935 Recorded 11/17/10 at 11:18 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.	MAITHEW DAT INCHOOL		, a	iso known as or
doing business as:		x		,
				<u> </u>
	SSN: <u>xxx-xx-6858</u>	DOB:	12/25/1988	
Grantee or Creditor	: The Department of Soc	ial and Health Se	rvices (DSHS).	- N
Legal Description: Assessor's Property	/ Tax Parcel Account Nur	nber:	(C	
DSHS claims that the	ents, not paid when due, ne debtor named above o a lien in the amount of \$	wes past-due chi		
the state of the s	sonal property of the debt			st property.
Only the proper	ty described in the Legal	Description section	on above.	
November 10, 20 Date	Author	LLINS ized Representative ON OF CHILD SUPP	ORT	
(425) 438-4800	W CC	LLINS		
Telephone Number	Persor	to Contact		

In reply, refer to: Case #: 2213502

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 00022135020020384710000000062502

FG VER: (1.4) 4571:11102010/ 2213502 / 4571