AFN #2010177027 Recorded 12/02/10 at 12:48 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: doing business as:	JASON LEE KAHC	AMAT.	, also k	nown as or
	SSN: <u>xxx-xx-672</u>	DOB: 09/	23/1979	1
Grantee or Creditor	r: The Department	of Social and Health Service	es (DSHS).	
Legal Description:		),	0	7
Assessor's Propert	y Tax Parcel Accou	nt Number:		·
DSHS claims that t	he debtor named at	due, are judgments and ac ove owes past-due child su t of \$ 1,780.00 in §	ipport. The Divisio	
All real and per	sonal property of th	e debtor named above exce	pt Tribal Trust pro	perty.
☐ Only the proper	rty described in the	egal Description section al	oove.	
November 30, 2	010	A FRENCH	<u></u>	
Date		Authorized Representative DIVISION OF CHILD SUPPORT		
(509) 249-6000	<u> </u>	A FRENCH		
Telephone Number		Person to Contact		
			00021724240050469210000	00000132502

In reply, refer to: Case #: 2172424 2248836

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

FG VER: (1.4) 3214:11302010/ 2172424 / 3214