AFN #2010177038 Recorded 12/06/10 at 01:34 PM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor Timothy O. Todd Skamania County, WA

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:	JAMES PAUL KNU	TSON	, also known as or
doing business as:			
J			
	SSN: XXX-XX-777	7 DOB: <u>01/20/1974</u>	
Grantee or Creditor	: The Department	of Social and Health Services (DSHS).	- N
Legal Description:	\sim), (13
Assessor's Property	y Tax Parcel Accou	nt Number:	<u> </u>
	he debtor named ab	due, are judgments and accrue to the ove owes past-due child support. The tof\$ 786.00 in SKAMANIA	Division of Child
X All real and per	sonal property of th	e debtor named above except Tribal T	rust property.
Only the proper	rty described in the	Legal Description section above.	
December 01, 2	010	D STEINDORF	
Date		Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100		D STEINDORF	
Telephone Number		Person to Contact	

In reply, refer to: Case #: 1725432

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 00017254320049210710000000192502

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