AFN #2010177157 Recorded 12/20/10 at 03:38 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: KR	ISTOPHER RICHAR	D BAER		also known as or
doing business as:				<u> </u>
				,
SS	SN: xxx-xx-7220	D(OB: <u>08/15/1977</u>	
Grantee or Creditor:	The Department of So	ocial and Health	Services (DSHS).	_
Legal Description:	\mathcal{A}) "	C	13
Assessor's Property T	ax Parcel Account N	umber:	\sim	
Child support paymen	ts, not paid when due	e, are judgment	s and accrue to the	lien amount.
DSHS claims that the	debtor named above	owes past-due	child support. The	Division of Child
Support (DCS) files a	lien in the amount of	\$ 1,814.55	in SKAMANIA	County on
X All real and perso	nal property of the de	btor named abo	ove except Tribal Tr	ust property.
☐ Only the property	described in the Lega	al Description s	ection above.	
December 14, 201	0 к	WILSON		
Date		norized Representati ISION OF CHILD S		
(253) 597-3700	<u>K v</u>	WILSON		
Telephone Number	Pers	son to Contact		

In reply, refer to: Case #: 1805437

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

FG VER: (1.4) 4598:12142010/ 1805437 / 4598