AFN #2010177355 Recorded 12/29/10 at 11:50 AM 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: 5	JESSE CHARLES I	, also known as or
doing business as:		,
_		,
;	SSN: <u>xxx-xx-3</u> 27	DOB: <u>08/30/1976</u> .
Grantee or Creditor:	The Department of	of Social and Health Services (DSHS).
Legal Description:), (0)
Assessor's Property	Tax Parcel Accour	nt Number:
DSHS claims that th	e debtor named ab	due, are judgments and accrue to the lien amount. bove owes past-due child support. The Division of Child it of \$ _3,838.00
X All real and pers	onal property of the	e debtor named above except Tribal Trust property.
☐ Only the propert	y described in the	Legal Description section above.
December 24, 20 Date	10	J DEMICH Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100		J DEMICH
Telephone Number		Person to Contact

Case #: 2207752 2270372

In reply, refer to:

FG VER: (1.4) 3520:12242010/ 2207752 / 3520

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