AFN #2010177377 Recorded 12/30/10 at 12:56 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: ₩	ENDY N SCRIBNE	R		also known as or
doing business as:				,
,				,
Š	SSN: <u>xxx-xx-939</u> 6	5 DC	<b>DB</b> : 05/06/1985	
Grantee or Creditor:	The Department of	of Social and Health	Services (DSHS).	- 1
Legal Description:	$\sim$	)``	<b>C</b>	13
Assessor's Property	Tax Parcel Accour	nt Number:		
Child support payme DSHS claims that the Support (DCS) files a	e debtor named ab	ove owes past-due		
X All real and pers	onal property of the	e debtor named abo	ve except Tribal Tr	ust property.
☐ Only the propert	y described in the l	_egal Description se	ection above.	
December 28, 20	10	B MUNOZ-ERWIN		
Date	<del></del>	Authorized Representati DIVISION OF CHILD SU		
(360) 696-6100		B MUNOZ-ERWIN		
Telephone Number		Person to Contact	<del></del>	

In reply, refer to: Case #: 2185505

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

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