AFN #2011177417 Recorded 01/06/11 at 01:22 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: ROBERT W TUBE	ss, also known as or
doing business as:	,
SSN: XXX-XX-68	DOB: 05/10/1980
Grantee or Creditor: The Departmen	nt of Social and Health Services (DSHS).
Legal Description:), ()
Assessor's Property Tax Parcel Acco	ount Number:
	en due, are judgments and accrue to the lien amount. above owes past-due child support. The Division of Child out of \$ 589.50 in SKAMANIA County on:
X All real and personal property of	the debtor named above except Tribal Trust property.
Only the property described in the	e Legal Description section above.
January 04, 2011	D GOODWIN
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(360) 664-6900	D GOODWIN
Telephone Number	Person to Contact

In reply, refer to: Case #: 2083339

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

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