AFN #2011177477 Recorded 01/13/11 at 10:24 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: TYLER DEE MOSE	R, also known as or
doing business as:	,
	,
SSN: <u>xxx-</u> xx-565	0 DOB: <u>11/24/1988</u> .
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:), ()
Assessor's Property Tax Parcel Accou	nt Number:
	n due, are judgments and accrue to the lien amount. pove owes past-due child support. The Division of Child nt of \$ 6,486.00 in SKAMANIA County on:
All real and personal property of the debtor named above except Tribal Trust property. Only the property described in the Legal Description section above.	
January 11, 2011 Date	K CASON Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100	K CASON
Telephone Number	Person to Contact
	00022128310057098050000000032502

•

Case #: 2212831 2272196

In reply, refer to:

FG VER: (1.4) 3357:01112011/ 2212831 / 3357

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