AFN #2011177479 Recorded 01/13/11 at 11:06 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

	MILLARD FRANCI.	, also known as of
doing business as:	·	
•		,
	<b>SSN</b> : <u>xxx</u> -xx-932	8 DOB: <u>04/06/1956</u> .
Grantee or Creditor	r: The Department	of Social and Health Services (DSHS).
Legal Description:		), (())
Assessor's Propert	y Tax Parcel Accou	nt Number:
DSHS claims that t	he debtor named ab	n due, are judgments and accrue to the lien amount.  pove owes past-due child support. The Division of Child  t of \$ _26,000.00in_SKAMANIA County on:
XI All real and per	sonal property of th	e debtor named above except Tribal Trust property.
Only the proper	rty described in the	Legal Description section above.
January 11, 20 Date	11	R BELTON Authorized Representative
•	•	DIVISION OF CHILD SUPPORT
(360) 696-6100		R BELTON
Telephone Number		Person to Contact
		00017962870023813190000000042502

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

In reply, refer to: Case #: 1796287 2267521

FG VER: (1.4) 3822:01112011/ 1796287 / 3822

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