AFN #2011177521 Recorded 01/19/11 at 12:47 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

doing business as:	PASTOR		, also k	nown as or
SSN: xxx-x	X-0000	DOB: <u>08/0</u>	7/1972	1
Grantee or Creditor: The Depa	rtment of Social	and Health Services	(DSHS).	- 1
Legal Description:	O.	•	$\bigcirc$	3
Assessor's Property Tax Parcel	Account Numbe	er:		·
Child support payments, not par DSHS claims that the debtor na Support (DCS) files a lien in the	med above owe	s past-due child sup		
X All real and personal proper	ty of the debtor	named above excep	t Tribal Trust pro	perty.
☐ Only the property described	in the Legal De	scription section abo	ve.	•
January 14, 2011	L LEAV.	ELL		•
Date		Representative OF CHILD SUPPORT		
(360) 696-6100	L LEAV	ELL	<del>_</del>	
Telephone Number	Person to	Contact		

In reply, refer to: Case #: 2199209

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

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