AFN #2011177536 Recorded 01/20/11 at 02:45 PM 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:	MARK VIRGIL PE	RRY II	, also known as or
doing business as:			,
			,
	SSN: <u>xxx-xx-425</u>	0 DOB: <u>11/3</u>	0/1989
Grantee or Credito	r: The Department	of Social and Health Services	(DSHS).
Legal Description:	$\sim$	)` .	0
Assessor's Propert	y Tax Parcel Accou	nt Number:	
DSHS claims that t		n due, are judgments and acc pove owes past-due child sup nt of \$ 548.33 in SK	
X All real and per	sonal property of th	e debtor named above excep	t Tribal Trust property.
☐ Only the prope	rty described in the	Legal Description section abo	ve.
January 17, 20	11	J HATFIELD	
Date	<u></u>	Authorized Representative DIVISION OF CHILD SUPPORT	<u></u>
(360) 696-6100	)	J HATFIELD	·
Telephone Number		Person to Contact	

In reply, refer to: Case #: 2198237

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 00021982370056863280000000022502

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