AFN #2011177668 Recorded 02/10/11 at 11:10 AM 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:	SANTOY ARTIE B	ERRY	, also known as or
doing business as:			,
			,
	SSN: <u>xxx-xx-678</u>	DOB: 12/02/1976	
Grantee or Creditor	r: The Department	of Social and Health Services (DSHS).	- 1
Legal Description:		), (	13
Assessor's Propert	y Tax Parcel Accou	nt Number:	
DSHS claims that t	he debtor named ab	due, are judgments and accrue to the cove owes past-due child support. The it of \$ 1,417.89 in SKAMANIA	Division of Child
X All real and per	sonal property of th	e debtor named above except Tribal T	rust property.
Only the proper	rty described in the	Legal Description section above.	·
February 08, 2	011	J DEMICH	
Date		Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100		J DEMICH	
Telephone Number		Person to Contact	

In reply, refer to: Case #: 2052244

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

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