AFN #2011177714 Recorded 02/22/11 at 08:19 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: doing business as:	MICHAEL SHAWN BOTTOM		, also known as or ,
	SSN: <u>xxx-xx-</u> 9764	DOB: <u>01/31/197</u>	1
Grantee or Creditor	: The Department of Socia	and Health Services (DSHS	3).
Legal Description:	\sim	,	13
Assessor's Propert	y Tax Parcel Account Numb	oer:	
DSHS claims that t		re judgments and accrue to the sepast-due child support. To footon in SKAMANI.	he Division of Child
All real and per	sonal property of the debtor	r named above except Tribal	Trust property.
Only the proper	rty described in the Legal D	escription section above.	
February 16, 2 Date	Authorize	HANY ed Representative N OF CHILD SUPPORT	
(360) 696-6100	K MAT	HANY	
Telephone Number	Person to	o Contact	

In reply, refer to: Case #: 1595079

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

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