AFN #2011177869 Recorded 03/14/2011 at 11:21 AM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor Timothy 0. 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

doing business as:	DEVON WILLIAMS	CAREY		, also known as or
		10.1		
	SSN: <u>xxx-xx-4328</u>		DOB: <u>09/07/198</u>	39
Grantee or Credito	r: The Department o	f Social and	Health Services (DSH	JS).
Legal Description:	$\sim$ C	"	· (	13
Assessor's Propert	y Tax Parcel Accoun	nt Number: _		<u> </u>
DSHS claims that t		ove owes pa	gments and accrue to st-due child support. 7 9.40 in SKAMAN	The Division of Child
X All real and per	sonal property of the	debtor nam	ed above except Triba	Trust property.
☐ Only the prope	rty described in the L	egal Descrip	otion section above.	
March 09, 2011		J GROENNE	RT	
Date		Authorized Rep DIVISION OF C	resentative :HILD SUPPORT	
(253) 597-3700	<u> </u>	J GROENNE	RT	
Telephone Number	1	Person to Conta	act	

In reply, refer to: Case #: 2112218

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



FG VER: (1.4) 1739:03092011/ 2112218 / 1739