AFN #2011178039 Recorded 04/11/2011 at 11:47 AM 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 Deptor:	MATTHEW A HIBB	ARD		, also	Known as or
doing business as:		غانىك			,
	·			·	<u> </u>
	SSN: <u>xxx-xx-905</u>	7	DOB: <u>06/</u> 0	)5/1976	
Grantee or Creditor	: The Department	of Social and	Health Service	s (DSHS).	. //
Legal Description:		"	_	0	3
Assessor's Property	/ Tax Parcel Accou	int Number: _	_/_		
Child support paym DSHS claims that the Support (DCS) files	ne debtor named al	bove owes pa	st-due child sup		
X All real and per	sonal property of th	e debtor nam	ed above exce	r pt Tribal Trust p	roperty.
	ty described in the				
April 06, 2011		J DEMICH			
Date		Authorized Rep DIVISION OF C	esentative HILD SUPPORT		
(360) 696-6100		J DEMICH			
Telephone Number		Person to Conta	ect		

In reply, refer to: Case #: 1807722

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

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