AFN #2011178173 Recorded 05/03/2011 at 12:44 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

doing business as:	11CHAEL BAILEY		_, also known as or ,
			·
SSN: XX	X-XX-0235	DOB: <u>08/01/1974</u>	
Grantee or Creditor: The De	epartment of Social and	d Health Services (DSHS).	
Legal Description:	(O)	· _ (
Assessor's Property Tax Pa	rcel Account Number:	$\rightarrow \rightarrow \rightarrow$	
Child support payments, not DSHS claims that the debto Support (DCS) files a lien in	r named above owes p	ast-due child support. The	e Division of Child
X All real and personal pro	operty of the debtor nar	med above except Tribal T	rust property.
☐ Only the property descr	ibed in the Legal Descr	ription section above.	
April 27, 2011	C STOECK		
Date	Authorized Re DIVISION OF	epresentative CHILD SUPPORT	
(425) 438-4800	C STOECK	, 	
Telephone Number	Person to Cor	ntact	

In reply, refer to: Case #: 1435497

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 000143549700439045900000000172502

FG VER: (1.4) 2267:04272011/ 1435497 / 3056