AFN #2011178219 Recorded 05/09/2011 at 12:51 PM 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

Grantor or Debtor:	HENRY CRAIG SLOA	И	_, also known as or
doing business as:			,
			,
	SSN: XXX-XX-5790	DOB: <u>06/09/1982</u>	·
Grantee or Credito	r: The Department of	Social and Health Services (DSHS)	
Legal Description: Assessor's Proper	y Tax Parcel Account	Number:	77
Child support payn	nents, not paid when d	ue, are judgments and accrue to the	e lien amount.
		e owes past-due child support. Th	
	a lien in the amount o		
70.		debtor named above except Tribal 1	Frust property.
Only the prope	rty described in the Le	gal Description section above.	
May 05, 2011	F	BECKER	
Date	Au	uthorized Representative VISION OF CHILD SUPPORT	
(206) 341-7000	E	BECKER	
Telephone Number	Pe	erson to Contact	

In reply, refer to: Case #: 1917151

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

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