AFN #2011178297 Recorded 05/23/2011 at 12:30 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

doing business as:	JERRY S COLEMAN	$\times$		_, also known as or ,
	SSN: <u>xxx-xx-2886</u>	DO	OB. <u>09/18/1970</u>	
Grantee or Creditor	: The Department of S	ocial and Health	Services (DSHS)	L.
Legal Description:		)	-(C	13
Assessor's Propert	y Tax Parcel Account N	umber:	$\Delta T$	<u> </u>
DSHS claims that t	ents, not paid when du he debtor named above a lien in the amount of	owes past-due	child support. Th	e Division of Child
X All real and per	sonal property of the de	ebtor named abo	ove except Tribal 1	Frust property.
☐ Only the proper	rty described in the Leg	al Description se	ection above.	
May 16, 2011	<b>J</b> :	DECKERT		
Date		norized Representat ISION OF CHILD SI		
(509) 374-2000	<u>J</u>	DECKERT		
Telephone Number	Per	son to Contact	N N N N N N N N N N N N N N N N N N N	

In reply, refer to: Case #: 1295652

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 000129565200413297600000000062502

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