AFN #2011178463 Recorded 06/16/2011 at 12:35 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

Grantor or Debtor: CI	YDE R HUNTER		_, also known as or
doing business as:			,
			· · · · · · · · · · · · · · · · · · ·
S	SN: <u>x</u> xx-xx-7987	DOB. <u>07/03/1956</u>	
Grantee or Creditor:	The Department of Social a	and Health Services (DSHS).	- 1
Legal Description:	\checkmark O)	` (13
Assessor's Property	Fax Parcel Account Numbe	er:	<u> </u>
DSHS claims that the		judgments and accrue to the s past-due child support. The 122.00 in SKAMANIA	e Division of Child
X All real and perso	nal property of the debtor r	named above except Tribal T	rust property.
☐ Only the property	described in the Legal Des	scription section above.	
June 13, 2011	J DEMIC	СН	<u> </u>
Date		Representative OF CHILD SUPPORT	
(360) 696-6100	J_DEMI(CH	
Telephone Number	Person to	Contact	

In reply, refer to: Case #: 1867063

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 00018670630051546340000000032502

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