AFN #2011178511 Recorded 06/27/2011 at 08:17 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

	SHAWN WILLIAM S	, also known as of
doing business as:		·
	SSN: XXX-XX-011	DOB: 07/12/1971 .
Grantee or Creditor	r: The Department o	of Social and Health Services (DSHS).
Legal Description:	\sim	
Assessor's Propert	y Tax Parcel Accour	nt Number:
DSHS claims that t	he debtor named ab	due, are judgments and accrue to the lien amount. ove owes past-due child support. The Division of Child t of \$ 7,094.20 in SKAMANIA County on
X All real and per	sonal property of the	debtor named above except Tribal Trust property.
Only the prope	rty described in the	Legal Description section above.
June 22, 2011		K MATHANY
Date		Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100	<u> </u>	K MATHANY
Telephone Number		Person to Contact

In reply, refer to: Case #: 2240347

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

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