AFN #2011178538 Recorded 06/29/2011 at 01:27 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:	DEWAYNE A	ТИОНТИ	OSBORNE			, also kno	wn as or
doing business as:	DEWAYNE A	NTHONY	PAXTON				,
							<u> </u>
	SSN: XXX-X	X-7142		DOB: <u>11</u>	/25/1985		<u> </u>
Grantee or Credito	r: The Depar	rtment of	Social and	Health Servic	es (DSHS).	4	\
Legal Description:			"		(1	3
Assessor's Propert	y Tax Parcel	Account	Number: _				·
Child support paym DSHS claims that t Support (DCS) files	he debtor na	med abo	ve owes pa	st-due child s	upport. The		
X All real and per	sonal proper	rty of the	debtor nam	ed above exc	ept Tribal Tr	ust prope	erty.
☐ Only the prope	rty described	d in the Le	gal Descrip	otion section a	above.		
<u>June 27, 2011</u> Date	<u> </u>	Ā	DEMICH uthorized Rep	resentative HILD SUPPORT		<u></u>	
(360) 696-6100)	J	DEMICH				
Telephone Number		P	erson to Conta	act		<u></u>	
					00018924070036	57853000000	00152502

In reply, refer to:

Case #: 1892407 2286569 1923042

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 3520:06272011/ 1892407 / 3520