AFN #2011178600 Recorded 07/11/2011 at 02:32 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: WILLIAM FRANK K	COHLER JR, also known as or
doing business as:	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
SSN: <u>xxx-xx-1389</u>	DOB: 10/05/1972
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:), (())
Assessor's Property Tax Parcel Account	nt Number: ·
	due, are judgments and accrue to the lien amount. ove owes past-due child support. The Division of Child t of \$ 1,016.16 in SKAMANIA County on
All real and personal property of the	e debtor named above except Tribal Trust property.
Only the property described in the	Legal Description section above.
July 07, 2011	D ROGERS
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(425) 438-4800	D ROGERS
Telephone Number	Person to Contact

In reply, refer to: Case #: 2309947

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 000230994700310464300000000412502

FG VER: (1.4) 4279:07072011/ 2309947 / 3260