AFN #2011178608 Recorded 07/12/2011 at 02:30 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: doing business as:	TODD MICHAEL FL	ANARY , also known as or
doing business as.		
	SSN: <u>XXX-XX-93</u> 19	DOB: 08/04/1965 .
Grantee or Credito	r: The Department of	f Social and Health Services (DSHS).
Legal Description:	\sim C), ()
Assessor's Propert	y Tax Parcel Account	t Number:
DSHS claims that t		due, are judgments and accrue to the lien amount. ove owes past-due child support. The Division of Child of \$ 2,145.11 in SKAMANIA County on
XI All real and per	sonal property of the	debtor named above except Tribal Trust property.
☐ Only the prope	rty described in the L	egal Description section above.
July 06, 2011 Date	7	J DEMICH Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100		J DEMICH
Telephone Number	F	Person to Contact

In reply, refer to: Case #: 1739404

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 00017394040049451850000000032502

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