AFN #2011178696 Recorded 07/25/2011 at 10:34 AM 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: doing business as:	· · · · · · · · · · · · · · · · · · ·			also known as or
doing business as:				
	SSN: <u>xxx-xx-216</u>	8 D(	OB: 07/02/1979	
Grantee or Creditor	r: The Department	of Social and Health	Services (DSHS).	- N
Legal Description:		),	<b>(</b>	13
Assessor's Propert	y Tax Parcel Accou	nt Number:	$\sim$	·
DSHS claims that t	nents, not paid when he debtor named ab a lien in the amour	ove owes past-due		
All real and per	sonal property of the	e debtor named abo	ove except Tribal Tr	ust property.
☐ Only the prope	rty described in the	Legal Description s	ection above.	
<u>July 19, 2011</u> Date	<u>.                                    </u>	J KIRK Authorized Represental DIVISION OF CHILD S		
(360) 696-6100	<u> </u>	J KIRK		
Telephone Number		Person to Contact		

In reply, refer to: Case #: 2250201

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

FG VER: (1.4) 3080:07192011/ 2250201 / 3080