AFN #2011178830 Recorded 08/15/2011 at 08:40 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

doing business as:	, also known as or
SSN: <u>xxx-xx</u> -197	DOB: <u>04/14/1972</u> .
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:	), ()
Assessor's Property Tax Parcel Accou	ınt Number:
Child support payments, not paid whe DSHS claims that the debtor named a Support (DCS) files a lien in the amount	n due, are judgments and accrue to the lien amount. bove owes past-due child support. The Division of Child nt of \$ 797.00 in SKAMANIA County on
All real and personal property of the	ne debtor named above except Tribal Trust property.
Only the property described in the	Legal Description section above.
August 09, 2011	P VIGOREN
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(425) 438-4800	P VIGOREN
Telephone Number	Person to Contact

In reply, refer to: Case #: 2303134

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

FG VFR: (1.4)

FG VER: (1.4) 3245:08092011/ 2303134 / 3245