AFN #2011178915 Recorded 08/24/2011 at 10:55 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:	KONALD GOSEPH (	CODI UK		also known as or
doing basiness as.				······································
	SSN: <u>xxx-xx-092</u>	1 DC	DB: <u>06/</u> 28/1971	
Grantee or Creditor	: The Department	of Social and Health	Services (DSHS).	- 1
Legal Description:	$\sim$	),	<b>√</b>	13
Assessor's Property	/ Tax Parcel Accou	nt Number:	$\sim$	<u> </u>
DSHS claims that the	ne debtor named ab	n due, are judgments pove owes past-due nt of \$ 10,603.94	child support. The	
All real and pers	sonal property of th	e debtor named abo	ve except Tribal Tr	ust property.
Only the proper	ty described in the	Legal Description se	ection above.	
August 22, 201: Date	<u>.</u>	J DEMICH Authorized Representation OF CHILD SU		
(360) 696-6100		J DEMICH		
Telephone Number		Person to Contact		
		÷	000170937800485	3357400000000562502

In reply, refer to: Case #: 1709378 2285663

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

FG VER: (1.4) 3520:08222011/ 1709378 / 3520