AFN #2011179063 Recorded 09/19/2011 at 11:43 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

	EGARY DEAN WILKINS		, also known as or
doing business as:		<del> </del>	
SS	N: <u>xxx-xx-0394</u>	DOB: 05/21/1983	3
Grantee or Creditor: 1	The Department of Social	and Health Services (DSHS	1).
Legal Description:	$\sqrt{O}$	` (	13
Assessor's Property T	ax Parcel Account Numb	er:	
DSHS claims that the	debtor named above owe	e judgments and accrue to the es past-due child support. The 2,636.81 in SKAMANIA	he Division of Child
All real and persor	nal property of the debtor	named above except Tribal	Trust property.
☐ Only the property of	described in the Legal De	escription section above.	
September 12, 201	B GLOV	/ER	
Date		d Representative I OF CHILD SUPPORT	
(360) 696-6100	B GLOV	<i>T</i> ER	
Telephone Number	Person to	Contact	
-			

In reply, refer to: Case #: 1842917

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

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