AFN #2011179203 Recorded 10/10/2011 at 03:03 PM 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:	PETER H MERESS	E		_, also known as or ,
•				
	SSN: XXX-XX-818	6	DOB: <u>04/27/1974</u>	
Grantee or Credito	r: The Department	of Social and He	ealth Services (DSHS)	
Legal Description:),	(13
Assessor's Proper	ty Tax Parcel Accou	nt Number:		
DSHS claims that t		oove owes past-	ents and accrue to the due child support. The in SKAMANIA	e Division of Child
All real and per	rsonal property of th	e debtor named	above except Tribal T	rust property.
☐ Only the prope	rty described in the	Legal Description	n section above.	
October 06, 20 Date	011	J HATFIELD Authorized Representation OF CHIL		
(360) 696-6100)	J HATFIELD		
Telephone Number		Person to Contact		
			0002129959005	57752500000000042502

Case #: 2129959

In reply, refer to: Case #: 2129959 2330878

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

FG VER: (1.4) 2767:10062011/ 2129959 / 2998