AFN #2011179348 Recorded 10/27/2011 at 12:59 PM 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

Grantor or Debtor:	CECIL C COLTER			, also known as or
doing business as:	CECIL CLARENCE	E COLTER		
•		A. P.		
	SSN: <u>xxx-xx-913</u>	38	DOB: <u>04/19/1960</u>	
Grantee or Credito	r: The Department	of Social and Hea	alth Services (DSHS))-
Legal Description:		1 2		
)	_(17
Assessor's Proper	ty Tax Parcel Accou	unt Number:		
DSHS claims that t	the debtor named a	bove owes past-d	ents and accrue to thue child support. Th in SKAMANIA	e Division of Child
X All real and per	rsonal property of th	ne debtor named a	bove except Tribal 1	Frust property.
☐ Only the prope	rty described in the	Legal Description	section above.	
October 25, 20 Date	211	J DEMICH Authorized Represe		
(360) 696-6100)	J DEMICH		
Telephone Number		Person to Contact		
			0000519797000	5939310000000842502

Case #: 519797 834997

In reply, refer to:

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 3520:10252011/ 519797 / 3520