AFN #2011179384 Recorded 11/02/2011 at 11:32 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

Grantor or Debtor: doing business as:	KEVIN HAL TOMA	SINI, also known as or,
	SSN: XXX-XX-710	7 DOB: <u>12/26/1963</u> .
Grantee or Creditor	r: The Department	of Social and Health Services (DSHS).
Legal Description:), (()
Assessor's Propert	y Tax Parcel Accou	nt Number:
DSHS claims that the Support (DCS) files	he debtor named ab a lien in the amour	n due, are judgments and accrue to the lien amount. pove owes past-due child support. The Division of Child nt of \$ 2,411.00 in SKAMANIA County on
		e debtor named above except Tribal Trust property.
LJ Only the proper	ty described in the	Legal Description section above.
October 31, 20	11	K WILSON
Date		Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100		K WILSON
Telephone Number		Person to Contact

In reply, refer to: Case #: 1383372

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

000138337200255424100000000432502

FG VER: (1.4) 3334:10312011/ 1383372 / 3803