AFN #2011179427 Recorded 11/07/2011 at 01:07 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

doing business as:	WAYNE HENERY		_, also known as or
			,
SSN:xxx-	-XX-1466	DOB: 03/28/1979	
Grantee or Creditor: The Dep	artment of Social	and Health Services (DSHS)	).
Legal Description:	$\mathbf{O}$	` (	13
Assessor's Property Tax Parce	el Account Numbe	er:	<u> </u>
Child support payments, not p DSHS claims that the debtor n Support (DCS) files a lien in th	named above owe	es past-due child support. Th	e Division of Child
XI All real and personal prope	erty of the debtor	named above except Tribal	Trust property.
☐ Only the property describe	ed in the Legal De	scription section above.	· · · · · · · ·
November 04, 2011	J GARRI	ETT	
Date		Representative OF CHILD SUPPORT	
(360) 696-6100	J GARRI	ETT	
Telephone Number	Person to	Contact	

In reply, refer to: Case #: 1869944 2019797

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

00018699440044919400000000462502

1368:11042011/ 1869944 / 1368