AFN #2011179577 Recorded 12/01/2011 at 12:07 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

Grantor or Debtor: doing business as:	JOSHUA EMMERSOI	N LINTON	<del></del>	_, also known as or
	SSN: <u>xxx-xx-580</u>	6	DOB: <u>02/11/1979</u>	
Grantee or Credito	r: The Department	of Social and He	alth Services (DSHS)	
Legal Description:		),	_(	
Assessor's Propert	y Tax Parcel Accou	nt Number:	$\Delta$	- ·
DSHS claims that t		ove owes past-	ents and accrue to the due child support. The in SKAMANIA	e Division of Child
X All real and per	sonal property of th	e debtor named	above except Tribal 1	Frust property.
☐ Only the prope	rty described in the	Legal Descriptio	n section above.	
November 28, 2 Date	011	R ETHINGTON Authorized Represe		
(509) 363-5000	· ·	R ETHINGTON		
Telephone Number		Person to Contact		
·		·	0002280989005	8188540000000082502

In reply, refer to: Case #: 2280989

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 2571:11282011/

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