AFN #2011179588 Recorded 12/05/2011 at 12:13 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:  |                        | MURPHY             | $\sim$  | _, also known as or |
|---------------------|------------------------|--------------------|---|---------------------|
| doing business as:  |                        | $\smile \sim$      |   | ,                   |
|                     | SSN: <u>xxx-xx-553</u> | 31                 | DOB: <u>09/18/1981</u>  |                     |
| Grantee or Creditor | r: The Department      | of Social and He   | ealth Services (DSHS).  | - 1                 |
| Legal Description:  |                        | ),                 | -(  | 13                  |
| Assessor's Propert  | y Tax Parcel Accou     | ınt Number:        |   | <u></u> .           |
|                     | he debtor named al     | bove owes past-    | ents and accrue to the<br>due child support. The<br>in SKAMANIA | e Division of Child |
| X All real and per  | sonal property of th   | ne debtor named    | above except Tribal T   | rust property.      |
| ☐ Only the proper   | rty described in the   | Legal Descriptio   | n section above.  |                     |
| December 01, 2      | 011                    | J DEMICH           | ,   |                     |
| Date                |                        | Authorized Represe |   |                     |
| (360) 696-6100      |                        | J DEMICH           |   | •                   |
| Telephone Number    |                        | Person to Contact  |   |                     |
|                     |                        |                    |   |                     |

In reply, refer to: Case #: 2205200

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

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