AFN #2012179969 Recorded 02/01/2012 at 11:47 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: DAN D DUFFIN	, also known as or
doing business as:	
SSN: <u>xxx-xx-799</u>	DOB: <u>12/21/1975</u> .
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Account	int Number:
	n due, are judgments and accrue to the lien amount. bove owes past-due child support. The Division of Child nt of \$ 20,948.90 in SKAMANIA County on:
<ul><li>★ All real and personal property of the</li><li>Only the property described in the</li></ul>	ne debtor named above except Tribal Trust property.  Legal Description section above.
January 26, 2012 Date	L JILES Authorized Representative DIVISION OF CHILD SUPPORT
(360) 664-6900 Telephone Number	L JILES Person to Contact
	000147539200095365800000000352502
In reply, refer to:  Case #: 1475392 1979390 21858  NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV 08/2001)	380 2337868 2337872 1903613 FG VER: (1.4) 2339:01262012/ 1475392 / 2339