AFN #2012179970 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: GARY L SITHERW | OOD , also known as or |
|---|--|
| doing business as: | |
| | |
| SSN: <u>xxx-xx-129</u> | DOB: <u>07/29/1959</u> . |
| Grantee or Creditor: The Department | of Social and Health Services (DSHS). |
| Legal Description: | |
| Assessor's Property Tax Parcel Accou | nt Number: |
| Child support payments, not paid whe DSHS claims that the debtor named a Support (DCS) files a lien in the amou | n due, are judgments and accrue to the lien amount. Dove owes past-due child support. The Division of Child nt of \$ 1,844.62 in SKAMANIA County on: |
| All real and personal property of the | e debtor named above except Tribal Trust property. |
| Only the property described in the Legal Description section above. | |
| January 28, 2012 | K NOMELAND |
| Date | Authorized Representative DIVISION OF CHILD SUPPORT |
| (360) 696-6100 | K NOMELAND |
| Telephone Number | Person to Contact 000126629500407592600000000522502 |
| In reply, refer to: | |

Case #: 1266295

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 2922:01282012/ 1266295 / 2922