AFN #2012180055 Recorded 02/16/2012 at 02:22 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: ANTHONY SEAN	BOWEN , also known as or
doing business as:	
SSN: <u>xxx-xx-62</u>	61 DOB: 01/21/1970 .
Grantee or Creditor: The Departmen	t of Social and Health Services (DSHS).
Legal Description:	4 4 4
Assessor's Property Tax Parcel Acco	unt Number:
Child support payments, not paid whe	en due, are judgments and accrue to the lien amount.
DSHS claims that the debtor named a	above owes past-due child support. The Division of Child
Support (DCS) files a lien in the amou	Int of \$ 46,290.94 in SKAMANIA County on:
X All real and personal property of t	he debtor named above except Tribal Trust property.
_	Legal Description section above.
A AF %	\ /
February 14, 2012 Date	J BURKHEAD
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100	J BURKHEAD
Telephone Number	Person to Contact
	00023483410057735710000000032502
In reply, refer to: Case #: 2348341	

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 1747:02142012/ 2348341 / 1747