AFN #2012180355 Recorded 03/28/2012 at 11:24 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

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

## STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

## NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: ADAM ALBURGER	, also known as or
doing business as:	
<del></del>	
SSN: <u>xxx-xx-64</u>	18 DOB: <u>12/18/1976</u> .
Grantee or Creditor: The Departmen	t of Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Acco	unt Number:
	en due, are judgments and accrue to the lien amount.  above owes past-due child support. The Division of Child  unt of \$ 8,452.00 in SKAMANIA County on:
_	he debtor named above except Tribal Trust property.  Legal Description section above.
March 26, 2012	J DEMICH
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100	J DEMICH
Telephone Number	Person to Contact
	00023381900059142310000000012502
In reply, refer to: Case #: 2338190	

FG VER: (1.4)

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