AFN #2012180415 Recorded 04/09/2012 at 01:26 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

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: CA doing business as:	RY LINWOOD DOZIER	, also known a	s or
	<u></u>		-'
SS	<b>N</b> : <u>xxx-xx-4590</u>	DOB: <u>11/19/1969</u>	_
Grantee or Creditor: 1	he Department of Social and H	ealth Services (DSHS).	
Legal Description:			
Assessor's Property T	ax Parcel Account Number:	4	
DSHS claims that the		ments and accrue to the lien amount, t-due child support. The Division of Ch 5.36 in SKAMANIA Coul	nild nty on:
All real and person	nal property of the debtor name	d above except Tribal Trust property.	k.
☐ Only the property	described in the Legal Descripti	on section above.	3
March 29, 2012	B OJALEHTO		
Date	Authorized Repre DIVISION OF CH		
(425) 438-4800	B OJALEHTO		
Telephone Number	Person to Contact		
In reply, refer to:		00021808040045259580000000005250	02
Case #: 2180804		F	
		FG VER: (1.4)	

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