AFN #2012180773 Recorded 06/04/2012 at 02:17 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

	MAHAMUD JAMAALA HUSSENO		, also known as or
doing business as:			
	SSN: xxx-xx-1189	DOB: <u>05/05/1958</u>	
Grantee or Creditor	: The Department of Social and	d Health Services (DSHS)	
Legal Description:	e C		
Assessor's Propert	Y Tax Parcel Account Number:		4.
Support (DCS) files	ents, not paid when due, are jud ne debtor named above owes policy a lien in the amount of \$ 5,51	ast-due child support. The 5.00 in SKAMANIA	Division of Child County on:
All real and per Only the proper	sonal property of the debtor nar ty described in the Legal Descri	ned above except Tribal Topion section above.	rust property.
May 30, 2012 Date	S THORDAN Authorized Re DIVISION OF		<u>) </u>
(206) 341-7000 Telephone Number	S THORDAR Person to Con		
In reply, refer to: Case #: 2347221		00023472210059	2600100000000042502

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

FG VER: (1.4) 2054:05302012/ 2347221 / 2054