AFN #2012180869 Recorded 06/14/2012 at 12:09 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: doing business as:	RUSSELL W HELM	, also known as or
;	SSN: <u>xxx-xx-7657</u>	DOB: <u>10/09/1980</u> .
Grantee or Creditor:	The Department of Sc	cial and Health Services (DSHS).
Legal Description:		
Assessor's Property Tax Parcel Account Number:		
DSHS claims that th		are judgments and accrue to the lien amount. owes past-due child support. The Division of Child 1,598.63 in SKAMANIA County on
		tor named above except Tribal Trust property. Description section above.
June 12, 2012 Date	Auth	IVERA rized Representative ION OF CHILD SUPPORT
(509) 886-6800		VERA
In reply, refer to:	Perso	n to Contact
Case #: 2372647	,	

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 3275:06122012/ 2372647 / 3275