AFN #2012180878 Recorded 06/18/2012 at 11:52 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

				, also known as or
doing business as:				-A
•			· · ·	
•	SSN: <u>xxx-xx-825</u>	1	DOB: <u>11/01/1989</u>	
Grantee or Creditor: The Department of Social and Health Services (DSHS).				
Legal Description:		c C		
Assessor's Property Tax Parcel Account Number:				
Child support payments, not paid when due, are judgments and accrue to the lien amount. DSHS claims that the debtor named above owes past-due child support. The Division of Child Support (DCS) files a lien in the amount of \$ 1,526.16 in SKAMANIA County on:				
All real and personal property of the debtor named above except Tribal Trust property.				
Only the property described in the Legal Description section above.				
June 11, 2012	T .	S LEE		
Date	7 -	Authorized Represe DIVISION OF CHIL		
(253) 597-3700		S LEE	N 1	
Telephone Number		Person to Contact		
In reply, refer to:	,		00023030160031	19303800000000152502
Case #: 2303016				

FG VER: (1.4) 4486:06112012/ 2303016 / 4486