AFN #2012180905 Recorded 06/20/2012 at 03:51 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: DENNIS WAYNE Statement doing business as:	SITHERWOOD	, also known as or
doing business as.		(//) •
SSN: <u>xxx-xx-89</u>	DOB: 01/03/19	
Grantee or Creditor: The Department of Social and Health Services (DSHS).		
Legal Description:	ر زیر	
Assessor's Property Tax Parcel Accou	unt Number:	4 .
Child support payments, not paid whe DSHS claims that the debtor named a Support (DCS) files a lien in the amount	bove owes past-due child support.	The Division of Child
★ All real and personal property of the state of	he debtor named above except Trib	pal Trust property.
Only the property described in the Legal Description section above.		
June 18, 2012	P TAFF	
Date	Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100	P TAFF	
Telephone Number	Person to Contact	
	000154474	1400459981000000000152502
In reply, refer to: Case #: 1544744		
Oddo II. 1344/44		FG VED: (1.4)

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 1316:06182012/ 1544744 / 1316