AFN #2012181046 Recorded 07/09/2012 at 02:04 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 LIFN

_	THE STATEMENT OF LICH	_
Grantor or Debtor: KELLY A HILI	L	known as or
doing business as:	, also i	Chown as or
	7.1	<i>_</i>
SSN: XXX-XX-	0142 DOB: <u>01/11/1978</u>	
Grantee or Creditor: The Departme	ent of Social and Health Services (DSHS).	
Legal Description:	CC/O	
Assessor's Property Tax Parcel Acc	count Number:	4 .
Support (DCS) files a lien in the amo		on of Child County on:
All real and personal property of	f the debtor named above except Tribal Trust pro	nerty.
Only the property described in the	he Legal Description section above.	perty.
<u>July 02, 2012</u> Date	M BRADY Authorized Representative	
(253) 597-3700 Telephone Number	DIVISION OF CHILD SUPPORT  M BRADY  Person to Contact	
In reply, refer to: Case #: 2353089	000235308900406842000000	000282502

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 4241:07022012/ 2353089 / 4241