AFN #2012181110 Recorded 07/19/2012 at 12:42 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

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

Grantor or Debtor: RAMON	I L DOTSON	, also known as or
doing business as:		
Monthly and the second		Y. 17 7
SSN:	XXX-XX-3357	DOB: <u>09/30/1973</u> .
Grantee or Creditor: The	Department of Social a	and Health Services (DSHS).
Legal Description:	S	
Assessor's Property Tax F	Parcel Account Number	nn
Child support payments, r DSHS claims that the deb Support (DCS) files a lien	tor named above owes	judgments and accrue to the lien amount. past-due child support. The Division of Child no skamania County on:
X All real and personal p	property of the debtor n	named above except Tribal Trust property.
		cription section above.
<u>July 17, 2012</u> Date	J DEMIC	_ \ 1 /
(360) 696-6100	J DEMIC	
Telephone Number	Person to C	ontact
In reply, refer to:		00014044480009816870000000142502
Case #: 1404449	7	

FG VER: (1.4) 3520:07172012/ 1404448 / 3520