AFN #2012181424 Recorded 09/04/2012 at 10:04 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

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: ROBERT CHRISTO	PHE DILLINGHAM	, also known as or
doing business as:		
SSN: <u>xxx-xx-122</u>	DOB: <u>07/19/198</u>	7
Grantee or Creditor: The Department	of Social and Health Services (DSHS	5).
Legal Description:		
Assessor's Property Tax Parcel Accou	int Number:	
Child support payments, not paid when DSHS claims that the debtor named a Support (DCS) files a lien in the amount	bove owes past-due child support. T	he Division of Child
X All real and personal property of the	ne debtor named above except Tribal	Trust property.
$\hfill \Box$ Only the property described in the	Legal Description section above.	7 7
August 28, 2012	M LEITCH	, -
Date	Authorized Representative DIVISION OF CHILD SUPPORT	
(509) 363-5000	M LEITCH	
Telephone Number	Person to Contact	
	00023553190	0253088600000000012502
I manufacture of Control		

In reply, refer to: Case #: 2355319

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

FG VER: (1.4) 3972:08282012/ 2355319 / 3972