AFN #2012181591 Recorded 09/24/2012 at 03:11 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:	ISAAC ALAN HUS	TON , also known as or
doing business as:		
	SSN: <u>xxx-xx-827</u>	9 DOB: <u>09/14/1976</u> .
Grantee or Creditor	r: The Department	of Social and Health Services (DSHS).
Legal Description:		
Assessor's Property	y Tax Parcel Accou	nt Number:
Child support paym	ents, not paid wher	n due, are judgments and accrue to the lien amount.
		pove owes past-due child support. The Division of Child
All real and per	sonal property of th	e debtor named above except Tribal Trust property
		1 /
September 21,	2012	
Date	A	DIVISION OF CHILD SUPPORT
(360) 696-6100		A CULLEN
Telephone Number		Person to Contact
N 1		ue, are judgments and accrue to the lien amount. re owes past-due child support. The Division of Child of \$ 2,375.00 in SKAMANIA County on: lebtor named above except Tribal Trust property. gal Description section above. CULLEN thorized Representative VISION OF CHILD SUPPORT
1		00011401350044644800000000292502
In reply, refer to: Case #: 1140135		

NOTICE IN COLUMN

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 3083:09212012/ 1140135 / 3083