AFN #2012181677 Recorded 10/03/2012 at 01:39 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: | CARINA L ARTHU | R | , also known as or |
|--|--|---|--|
| doing business as: | | | |
| | | | |
| | SSN: <u>XXX-XX-643</u> | 3 DOB: 09, | /08/1976 |
| Grantee or Creditor: The Department of Social and Health Services (DSHS). | | | |
| Legal Description: | (| | J, |
| Assessor's Property Tax Parcel Account Number: | | | |
| DSHS claims that t | nents, not paid wher the debtor named at s a lien in the amour | n due, are judgments and accove owes past-due child so nt of \$ 3,664.63 in. | ccrue to the lien amount. upport. The Division of Child SKAMANIA County on: |
| All real and personal property of the debtor named above except Tribal Trust property. | | | |
| Only the property described in the Legal Description section above. | | | |
| October 01, 20 | 12 | K WILSON | |
| Date | " " | Authorized Representative DIVISION OF CHILD SUPPORT | |
| (509) 363-5000 | | K WILSON | 1 1 |
| Telephone Number | | Person to Contact | |
| In reply, refer to: | | | 000173454100178018000000000162502 |
| Case #: 1734541 | - | | |
| | | | (4.4) |

FG VER: (1.4) 4435:10012012/ 1734541 / 3803