AFN #2012181697 Recorded 10/04/2012 at 03:09 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:		, also known as or
doing business as:		\leftarrow
	SSN: <u>xxx-xx-8555</u> DOB: <u>09/24/197</u>	0
Grantee or Creditor: The Department of Social and Health Services (DSHS).		
Legal Description:		
Assessor's Property Tax Parcel Account Number:		
DSHS claims that t	nents, not paid when due, are judgments and accrue to the debtor named above owes past-due child support. Total in SKAMANI	he Division of Child
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 02, 20	12 J DEMICH	
Date	Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100 Telephone Number		
In reply, refer to:	Person to Contact	0598366100000000032502
Case #: 2383139		
		FG VER: (1.4)

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 3520:10022012/ 2383139 / 3520