AFN #2012182002 Recorded 11/08/2012 at 11:21 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: JAMES EARL ALI	JINGER , also known as or
doing business as:	
SSN : <u>xxx-xx-02</u>	DOB: 06/01/1976 .
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Accou	unt Number:
Child support payments, not paid whe DSHS claims that the debtor named a Support (DCS) files a lien in the amou	n due, are judgments and accrue to the lien amount. bove owes past-due child support. The Division of Child nt of \$ _4,149.34 in SKAMANIA County on:
★ All real and personal property of theOnly the property described in the	ne debtor named above except Tribal Trust property.
November 06, 2012 Date	J KIRK Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100 Telephone Number	J KIRK Person to Contact
In reply, refer to:	00022399060057531380000000082502
Case #· 2239906	

.

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 3080:11062012/ 2239906 / 3080