AFN #2012182079 Recorded 11/19/2012 at 02:27 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: MARCOS PABLO-C	ALMO , also known as or
doing business as:	
SSN: <u>xxx-xx-000</u>	0 DOB: <u>04/25/1981</u> .
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Accou	nt Number:
Child support payments, not paid when DSHS claims that the debtor named a Support (DCS) files a lien in the amount	n due, are judgments and accrue to the lien amount. pove owes past-due child support. The Division of Child nt of \$ 745.00 in SKAMANIA County on:
All real and personal property of the	e debtor named above except Tribal Trust property.
$\hfill \square$ Only the property described in the	
November 16, 2012	L LEAVELL
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100	L LEAVELL
Telephone Number	Person to Contact
	000214408100559758500000000012502
In reply, refer to: Case #: 2144081	

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NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 9893:11162012/ 2144081 / 2528