AFN #2012182317 Recorded 12/19/2012 at 03:21 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: CAMERON J TAYL	OR	, also known as or
doing business as:		
CONTRACTOR	. DOD	-/-
SSN: <u>xxx-xx-089</u>	DOB: 07/12/1993	
Grantee or Creditor: The Department of Social and Health Services (DSHS).		
Legal Description:		
Assessor's Property Tax Parcel Accou	nt Number:	4
DSHS claims that the debtor named all Support (DCS) files a lien in the amount		e Division of Child 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.	N
December 17, 2012	D KOPKIE	, -
Date	Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100	D KOPKIE	
Telephone Number	Person to Contact	
In reply, refer to:	00022865030058	278700000000022502
Case #: 2286503 2410623		

FG VER: (1.4) 3531:12172012/ 2286503 / 772