AFN #2012182327 Recorded 12/24/2012 at 08:35 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

doing business as:	, also known as or
doing business as.	<del></del>
SSN: <u>xxx</u> -xx-9796 <b>DOB</b> :	05/09/1978 .
Grantee or Creditor: The Department of Social and Health Se	ervices (DSHS).
Legal Description:	<b>O</b> '
Assessor's Property Tax Parcel Account Number:	4
Child support payments, not paid when due, are judgments ar DSHS claims that the debtor named above owes past-due chi Support (DCS) files a lien in the amount of \$ 3,046.43	nd accrue to the lien amount. ild support. The Division of Child in SKAMANIA County on:
All real and personal property of the debtor named above  Only the property described in the Legal Description section	except Tribal Trust property.
December 15, 2012 W COLLINS	
Date Authorized Representative DIVISION OF CHILD SUPP	ORT
(425) 438-4800 W COLLINS	
Telephone Number Person to Contact	
In reply, refer to: Case #: 2231430 2281452	000223143000107689800000000042502

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 4571:12152012/ 2231430 / 4571