AFN #2012182384 Recorded 12/31/2012 at 10:17 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:	TAYLOR M HULSEY	y , also kno	wn as or
doing business as:			
			,
	SSN: <u>xxx-xx-147</u>	7 DOB: 04/09/1991	
Grantee or Credito	r: The Department	of Social and Health Services (DSHS).	
Legal Description:			
Assessor's Propert	ty Tax Parcel Accou	nt Number:	L .
Child support paym	nents, not paid wher	n due, are judgments and accrue to the lien amo	unt.
		pove owes past-due child support. The Division	
Support (DCS) files	s a lien in the amour	nt of \$ 1,919.92 in SKAMANIA	County on:
X All real and per	rsonal property of th	e debtor named above except Tribal Trust prope	erty.
		Legal Description section above.	
December 24, 2		T HOLLOWAY	-
Date		Authorized Representative	
		DIVISION OF CHILD SUPPORT	
(360) 664-6900	1 3	T HOLLOWAY	
Telephone Number		Person to Contact	
	T T		
In reply, refer to:	1	0002387074004243242000000	00022502

In reply, refer to: Case #: 2387074

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 4185:12242012/ 2387074 / 4185