AFN #2013000103 Recorded 01/22/2013 at 10:51 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:	NEWEL T CHICKS			, also known as or
doing business as:				
•	221	***************************************		
	SSN: <u>xxx-xx-123</u>	13	DOB: <u>10/17/196</u>	7
Grantee or Creditor	: The Department	of Social and He	alth Services (DSH	S).
Legal Description:		دنک		
Assessor's Property	Tax Parcel Accou	nt Number:		4
	ne debtor named al a lien in the amour	oove owes past-ont of \$ 13,060. The debtor named a	lue child support. T 08 in <u>SKAMANI</u> above except Tribal	The Division of Child County on:
January 11, 201 Date		J DEMICH Authorized Represe DIVISION OF CHILL	ntative	7 -
(360) 696-6100 Telephone Number		J DEMICH Person to Contact		
In reply, refer to:			00017858020	0502462600000000102502
Cana # 1505000				

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 3520:01112013/ 1785802 / 3520