AFN #2013000222 Recorded 02/04/2013 at 04:04 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:	WALTER CAMPBEL	L , also known as or
doing business as:		
	SSN: XXX-XX-017	DOB: 01/26/1941 .
Grantee or Credito	r: The Department	of Social and Health Services (DSHS).
Legal Description:		
Assessor's Propert	y Tax Parcel Accou	ınt Number:
DSHS claims that t	nents, not paid when the debtor named als a a lien in the amour	n due, are judgments and accrue to the lien amount. bove owes past-due child support. The Division of Child nt of \$ 793.07 in SKAMANIA County on:
X All real and per	sonal property of th	ne debtor named above except Tribal Trust property.
☐ Only the prope	rty described in the	Legal Description section above.
January 29, 20 Date	13	M MAC GREGOR
	7 .	Authorized Representative DIVISION OF CHILD SUPPORT
(253) 597-3700		M MAC GREGOR
Telephone Number		Person to Contact
In reply, refer to: Case #: 2397172	•	000239717200600583200000000022502

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NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 4028:01292013/ 2397172 / 4028