AFN #2013000622 Recorded 03/28/2013 at 11:16 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

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:	JOSEPH KYLE HUE	NNENKENS		, also known as or
doing business as:				
			Y	
	SSN: XXX-XX-2161	D	OB: <u>03/13/1984</u>	
Grantee or Credito	r: The Department o	f Social and Healt	h Services (DSHS)	
Legal Description:		دنى		•
Assessor's Propert	y Tax Parcel Accour	t Number:	3	
DSHS claims that t	nents, not paid when he debtor named ab s a lien in the amoun	ove owes past-due	child support. The	Division of Child
	sonal property of the		40.00	rust property.
March 22, 2013 Date	# P	R EVANS Authorized Representa		
(360) 696-6100		R EVANS		
Telephone Number		Person to Contact		
V	' (0002191429005	57539900000000232502
In reply, refer to: Case #: 2191429		V		

FG VER: (1.4) 4098:03222013/

2191429 / 4098