AFN #2013000691 Recorded 04/08/2013 at 11:05 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

	TIMOTHY LEE HUDDLESTON			, also known as or
doing business as:				
			V	
	SSN: <u>XXX-XX-249</u>	1	DOB: <u>10/10/1982</u>	
Grantee or Creditor	: The Department	of Social and He	alth Services (DSHS).	
Legal Description:		نک		•
Assessor's Property	y Tax Parcel Accou	nt Number:		4
Child support paym DSHS claims that the Support (DCS) files	ne debtor named at	ove owes past-o	ents and accrue to the due child support. The	e lien amount.  Division of Child  County on:
X All real and per	sonal property of th	e debtor named	above except Tribal T	rust property
	ty described in the			property.
April 02, 2013 Date		R JENNINGS Authorized Represe		
		DIVISION OF CHIL	D SUPPORT	
(360) 696-6100 Telephone Number	-	R JENNINGS Person to Contact	<del>\</del>	
			00021882490056	70090000000132503
In reply, refer to: Case #: 2188249			30021002490036	, , , , , , , , , , , , , , , , , , ,

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 4888:04022013/ 2188249 / 4888