AFN #2013001062 Recorded 05/20/2013 at 10:44 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: TII doing business as:			, also known as or	
			* 1	7
SS	N: <u>xxx-xx-</u> 3515	DOB: 0	08/12/1970	
Grantee or Creditor: T	he Department of	Social and Health Sen	vices (DSHS).	
Legal Description:		. C'\(	<u>ر</u> ر	
Assessor's Property Tax Parcel Account Number:				
Child support payment DSHS claims that the c Support (DCS) files a li	lebtor named abov	e owes past-due child	l accrue to the support. The in SKAMANIA	lien amount. Division of Child County on:
		debtor named above e		
May 11, 2013 Date	— Au	DEMICH uthorized Representative VISION OF CHILD SUPPOR	RT	<u> </u>
(360) 696-6100		DEMICH	7	h
Telephone Number	Pe	erson to Contact		
In reply, refer to: Case #: 879281 11	76857 1749112	2112722 2340593	2050935	1939900000000832502
NOTICE AND STATEMENT OF LIEN			35	ver: (1.4) 520:05112013/ 70281 / 3520

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