AFN #2013001119 Recorded 05/23/2013 at 01:10 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: MICHA doing business as:	EL SHAWN BOTTOM	, also known as or
	·	
SSN: x	XXX-XX-9764 DOB: 0	1/31/1971 .
Grantee or Creditor: The Department of Social and Health Services (DSHS).		
Legal Description:		J,
Assessor's Property Tax Parcel Account Number:		
Child support payments, not paid when due, are judgments and accrue to the lien amount. DSHS claims that the debtor named above owes past-due child support. The Division of Child Support (DCS) files a lien in the amount of \$ 5,819.62 in SKAMANIA County on:		
All real and personal property of the debtor named above except Tribal Trust property.		
Only the property described in the Legal Description section above.		
May 19, 2013	S TRIPP	
Date	Authorized Representative DIVISION OF CHILD SUPPOR	ır
(360) 696-6100	S TRIPP	
Telephone Number	Person to Contact	
		0001595079004593301000000013750
In reply, refer to: Case #: 1595079		
Case #: 1595079		FG VER: (1.4)

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 3358:05192013/ 1595079 / 3358