AFN #2013001393 Recorded 07/01/2013 at 04:58 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: JOHN NELSON D		, also known as or
doing business as: JOHN DILLON J	R	
		$I \cap X$
SSN: <u>xxx-xx-25</u>	99 DOB: <u>04/27/1976</u>	
Grantee or Creditor: The Department	of Social and Health Services (DSHS).	
Legal Description:		
Assessor's Property Tax Parcel Accou	unt Number:	4
Child support payments, not paid whe DSHS claims that the debtor named a Support (DCS) files a lien in the amount	n due, are judgments and accrue to the bove owes past-due child support. The nt of \$ 590.00 in SKAMANIA	lien amount. Division of Child County on:
All real and personal property of the Only the property described in the	ne debtor named above except Tribal Tr Legal Description section above.	ust property.
June 24, 2013 Date (360) 696-6100 Telephone Number	H HUGHES Authorized Representative DIVISION OF CHILD SUPPORT H HUGHES Person to Contact	
In reply, refer to:	000214941400560	578700000000162502

Case #: 2149414

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

FG VER: (1.4) 2781:06242013/ 2149414 / 2781