AFN #2013001694 Recorded 08/01/2013 at 01:24 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:			, also known as or	
doing business as:				
	SSN: <u>xxx-xx-165</u>	6	DOB: <u>06/22/1983</u>	
Grantee or Creditor: The Department of Social and Health Services (DSHS).				
Legal Description:		دي		
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 \$ 906.33 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.				
July 30, 2013		H HUGHES		, -
Date	<b>"</b>	Authorized Represen DIVISION OF CHILD		
(360) 696-6100		H HUGHES		
Telephone Number	1	Person to Contact		
In reply, refer to: Case #: 2414325		$\smile$	00024143250059	98162200000000102502 <b>***                                 </b>
			FC	S VER: (1.4)

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 3358:07302013/ 2414325 / 2781