AFN #2013001899 Recorded 08/26/2013 at 01:56 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: XXX-XX-940	DOB: 05/09/1979
Grantee or Creditor	r: The Department	of Social and Health Services (DSHS).
Legal Description:		
Assessor's Propert	y Tax Parcel Accou	ınt Number:
DSHS claims that the	ne debtor named at	n due, are judgments and accrue to the lien amount. bove owes past-due child support. The Division of Child nt of \$ 29,864.36 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.		
August 19, 201	3	D ORR
Date	*	Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100		D ORR
Telephone Number		Person to Contact
In reply, refer to: Case #: 2156452		00021564520056172700000000122502

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 3334:08192013/ 2156452 / 3334