AFN #2014001151 Recorded 07/15/2014 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: MARCUS WILLIA	M TRULOCK , also known as or
doing business as:	
SSN: xxx-xx-00	DOB: <u>04/29/1987</u>
Grantee or Creditor: The Departmen	t of Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Acco	ount Number:
Child support payments, not paid who DSHS claims that the debtor named Support (DCS) files a lien in the amo	en due, are judgments and accrue to the lien amount. above owes past-due child support. The Division of Child unt of \$ 5,040.00 in SKAMANIA County on:
	the debtor named above except Tribal Trust property. e Legal Description section above.
July 09, 2014	T WRIGHT
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100	T WRIGHT
Telephone Number	Person to Contact
	00023317920016671140000000052502
In reply, refer to: Case #: 2331792 2406751	
	FG VER: (1.4)

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