Skamania County, WA Total:\$0.00 CHILD Pgs=1

2019-002012 10/21/2019 12:51 PM

Request of: WASHINGTON STATE DEPARTMENT OF I

00001435201900020120010015

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: CLINTON | I THOSTENSON | , also known as or |
|-----------------------------|---|--|
| doing business as: | | |
| <u> </u> | | |
| SSN: xxx | X-XX-6938 DOB: 10/5/1979 | FEIN: |
| Grantee or Creditor: The De | epartment of Social and Health S | Services (DSHS). |
| -Legal Description: - | O_{i} | |
| Assessor's Property Tax Pa | cel Account Number: | |
| | d above owes past-due child sup | and accrue to the lien amount. DSHS pport. The Division of Child Support AMANIA County on: |
| All real and personal pro | perty of the debtor named abov | e except Tribal Trust property. |
| Only the property descri | bed in the Legal Description sec | ction above. |
| October 15, 2019 | P VIGOREN | |
| DATE | AUTHORIZED REPRESE DIVISION OF CHILD SUF | |
| (425) 438-4800 | P VIGOREN | · |
| TELEPHONE NUMBER | PERSON TO CONTACT | |
| | | 00025880800062957320000000062502 |

In reply, refer to case numbers: 2588080

FG VER: (1.8) 3245:10152019/ 2588080 / 3245

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 07/2012)