

Return Name and Address:

Linda Lucas  
P.O. Box 5203  
Everett, WA. 98206



200008070061  
Kathy Hill, Skagit County Auditor  
8/7/2000 Page 1 of 14 12:07:59PM

Please print or type information

<b>Document Title(s)</b> 1. Final Order of Child Support with Summary Judgment 2. Superior Court of Washington Snohomish County 3. 4.	
<b>Grantor(s)</b> 1. Judgment Debtor 2. Kevin E. Dean 3. 4. <input type="checkbox"/> Additional names on page ____ of document.	
<b>Grantee(s)</b> 1. Judgment Creditor 2. Linda Lucas 3. 4. <input type="checkbox"/> Additional names on page ____ of document.	
<b>Legal description</b> (abbreviated: i.e. lot, block, plat OR section, township, range, qtr./qtr.) Short Legal: Section 34, Township 34, Range 4; PTN. SW-SE. Situated in the County of Skagit, Washington <input type="checkbox"/> Additional legal is on page ____ of document	
<b>Reference Number(s)</b> (Auditor File Numbers) of Documents assigned or released: Snohomish County Superior Court No. 97-3-00239-9 <input type="checkbox"/> Additional numbers on page ____ of document.	
<b>Assessor's Property Tax Parcel/Account Number</b> Tax Parcel No. 340434-4-006-0002 (R29744) Tax Parcel NO. 340434-4-005-0400 (R107764) <input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> Additional parcel numbers on page ____ of document	
The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information.	

CERTIFIED  
COPY

SUPERIOR COURT OF WASHINGTON  
SNOHOMISH COUNTY

00 JUL 10 AM 11:39

In re the Marriage of:

LINDA (DEAN) LUCAS,

Petitioner,

and

KEVIN EARNEST DEAN,

Respondent.

NO. 97-3-00239-9

FINAL ORDER OF CHILD  
SUPPORT

DOCKET  
CALENDAR  
EXECUTION  
VTL. STAT.

I. JUDGMENT SUMMARY

The judgment summary is as follows:

- |    |   |                  |
|----|---|------------------|
| A. | Judgment Creditor:  | Linda Lucas      |
| B. | Judgment Debtor:  | Kevin E. Dean    |
| C. | Principal judgment amount (back support):<br>from August 1999 through June 2000.                                      | \$16,273.62*     |
| D. | Interest to date of Judgment:   | \$               |
| E. | Attorney's fees:  | \$ 5,000.00      |
| F. | Costs (Reimbursement for Orthodontia, see 3.19, below)  | \$ 1,500.00      |
| G. | Other recovery amount:  | \$               |
| H. | Principal judgment shall bear interest at 12% per annum.*   |                  |
| I. | Attorney's fees, costs and other recovery amounts shall bear interest at 12% per annum.                               |                  |
| J. | Attorney for Judgment Creditor:   | Cathy L. Guthrie |
| K. | Attorney for Judgment Debtor:   | Henry Templeman  |
| L. | Other: Judgment shall not bar child support enforcement from filing property liens or<br>obtaining IRS certification. |                  |
| *  | Subject to 3.20 and 3.21, below.  |                  |

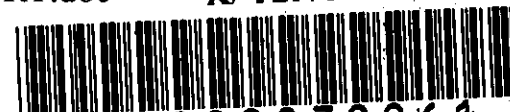
00-9-04248-9

FINAL ORDER OF CHILD SUPPORT.doc - 1

\\SERVER\USERS\CATHY\CLIENT\LUCAS\FINAL ORDER OF CHILD SUPPORT.doc

O'LOANE, NUNN

& CUTHRIE, P.C.



200008070061

Kathy Hill, Skagit County Auditor

8/7/2000 Page 2 of 14 12:07:59PM

ORIGINAL

3/5

## II. BASIS

### 2.1 TYPE OF PROCEEDING.

This order is entered pursuant to an Arbitration Award.

### 2.2 CHILD SUPPORT WORKSHEET.

The child support worksheets which have been approved by the Arbitrator are attached to this order and are incorporated by reference or have been initialed and filed separately and are incorporated by reference.

### 2.3 OTHER:

Does not apply.

## III. ORDER

### IT IS ORDERED that:

### 3.1 CHILDREN FOR WHOM SUPPORT IS REQUIRED.

<u>NAME</u>	<u>DATE OF BIRTH</u>
Ryan Dean	
Michael Dean	
Kaitlin Dean	

### 3.2 PERSON PAYING SUPPORT (OBLIGOR).

Name:  
Current Mailing Address  
Residential Address,

and Telephone Number:  
Social Security Number:

Date of Birth:

Drivers License Number/State:

Employer, Address and Telephone Number: Frontier Ford  
12610 Thompson Road  
Anacortes, WA 98221  
(360) 293-3105

Kevin E. Dean  
P.O. Box 247  
Anacortes, WA 98221  
17756 Irvine Lane  
Mt. Vernon, WA 98273  
(360) 848-1190 (Unlisted)

07/23/59

DEAN\*KE412M3



200008070061

Kathy Hill, Skagit County Auditor

8/7/2000 Page 3 of 14 12:07:59PM

1 THE OBLIGOR PARENT SHALL UPDATE THE ABOVE INFORMATION IN  
2 THIS PARAGRAPH 3.2 PROMPTLY AFTER ANY CHANGE IN THE  
3 INFORMATION. THE DUTY TO UPDATE THE INFORMATION CONTINUES  
4 AS LONG AS ANY MONTHLY SUPPORT REMAINS DUE OR ANY UNPAID  
5 SUPPORT DEBT REMAINS DUE UNDER THIS ORDER.

6 THE OBLIGOR PARENT'S PRIVILEGES TO OBTAIN OR MAINTAIN A  
7 LICENSE, CERTIFICATE, REGISTRATION, PERMIT, APPROVAL, OR  
8 OTHER SIMILAR DOCUMENT ISSUED BY A LICENSING ENTITY  
9 EVIDENCING ADMISSION TO OR GRANTING AUTHORITY TO ENGAGE IN  
10 A PROFESSION, OCCUPATION, BUSINESS, INDUSTRY, RECREATIONAL  
11 PURSUIT, OR THE OPERATION OF A MOTOR VEHICLE, MAY BE DENIED,  
12 OR MAY BE SUSPENDED IF THE OBLIGOR PARENT IS NOT IN  
13 COMPLIANCE WITH THIS SUPPORT ORDER AS PROVIDED IN CHAPTER  
14 74.20A REVISED CODE OF WASHINGTON.

15 Monthly Net Income: \$15,705.28

16 **3.3 PERSON RECEIVING SUPPORT (OBLIGEE):**

17 Name: Linda Lucas  
18 Current Residential Address: 1512 13<sup>th</sup> Street  
19 Everett, WA 98201  
20 and Telephone Number: (Unlisted)  
21 Social Security Number: [REDACTED]  
22 Date of Birth: 07/02/60  
23 Drivers License Number/State: LUCASLA405MB  
24 Employer, Address and Telephone Number: Riley D. Lee, CPA  
25 3326 Smokey Point Drive, Suite 103  
26 Arlington, WA 98223  
27 (306) 658-7555

28 THE OBLIGEE PARENT SHALL UPDATE THE ABOVE INFORMATION IN  
THIS PARAGRAPH 3.3 PROMPTLY AFTER ANY CHANGE IN THE  
INFORMATION. THE DUTY TO UPDATE THE INFORMATION CONTINUES  
AS LONG AS ANY MONTHLY SUPPORT REMAINS DUE OR ANY UNPAID  
SUPPORT DEBT REMAINS DUE UNDER THIS ORDER.

Monthly Net Income: \$1,747.48

**3.4 SERVICE OF PROCESS.**

Service of process on the obligor at the address listed above in paragraph 3.2 or any



1 updated address, or on the obligee at the address listed above in paragraph 3.3 or any  
2 updated address, may be allowed or accepted as adequate in any proceeding to establish,  
3 enforce or modify a child support order between the parties by delivery of written notice  
to the obligor or obligee at the last address provided.

4 **3.5 TRANSFER PAYMENT.**

5 The obligor parent shall pay \$3,200.00 per month. *from August 1, 1999.* *See*

6 **3.6 STANDARD CALCULATION.**

7 \$2,087.10 per month. (See Worksheet line 15.)

8 **3.7 REASONS FOR DEVIATION FROM STANDARD CALCULATION.**

9 The child support amount ordered in paragraph 3.5 deviates from the standard calculation  
10 based upon the substantial wealth of the Respondent/Father and the disparity in the  
11 parents' respective earnings. This deviation does not create a financial hardship for the  
12 Respondent/Father.

13 **3.8 REASONS WHY REQUEST FOR DEVIATION WAS DENIED.**

14 Does not apply.

15 **3.9 STARTING DATE AND DAY TO BE PAID.**

16 Starting Date: July 1, 2000.

17 Day(s) of the month support is due: 1st of every month.

18 *July 2000 payment only is due by July 16, 2000.* *See*

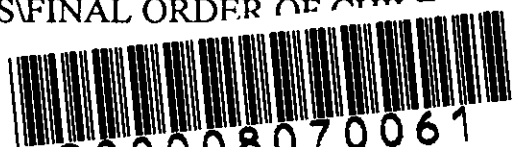
19 **3.10 INCREMENTAL PAYMENTS.**

20 Does not apply.

21 **3.11 HOW SUPPORT PAYMENTS SHALL BE MADE.**

22 The Division of Child Support provides support enforcement services for this case  
23 Support payments shall be made to:

24 Washington State Support Registry  
25 P. O. Box 45868  
26 Olympia, WA 98504  
27 Phone: 1-800-922-4306 or  
28 1-800-442-5437



1  
2 A party required to make payments to the Washington State Support Registry will not  
3 receive credit for a payment made to any other party or entity. The obligor parent shall  
4 keep the registry informed whether he or she has access to health insurance coverage at  
5 reasonable cost and, if so, to provide the health insurance policy information.

6  
7 **3.12 WAGE WITHHOLDING ACTION**

8 Withholding action shall immediately be taken against wages, earnings, assets, or  
9 benefits, and liens enforced against real and personal property under the child support  
10 statutes of this or any other state, without further notice to the obligor parent at any time  
11 after entry of this order, when a payment is past due, *provided that the judgment for*

12 **3.13 TERMINATION OF SUPPORT.**

13 *underpayment of (S. \$16,273.62) may be repaid by a payment of \$400/mo*  
14 *declining balance of payment more than 20% up late) payment*  
15 *to be made contemporaneous with regular C.S. payment*  
16 Support shall be paid until the children reach the ages of 18 or as long as the children  
17 remain enrolled in high school, whichever occurs last, except as otherwise provided  
18 below in Paragraph 3.14.

19 **3.14 POST SECONDARY EDUCATIONAL SUPPORT.**

20 The right to petition for post secondary support is reserved, provided that the right is  
21 exercised before support terminates as set forth in paragraph 3.13.

22 **3.15 PAYMENT FOR EXPENSES NOT INCLUDED IN THE TRANSFER PAYMENT.**

23 Private School – The children currently attend private school. The parties agree that the  
24 children shall continue to attend private school, at least through the 8<sup>th</sup> Grade and the  
25 parties shall share this expense 50/50, per the terms of their Property Settlement  
26 Agreement. This does not prevent either party from petitioning the Court with regard to  
27 high school or post-secondary education costs in a normal and timely fashion.

28 The parents agree that Ryan shall attend private high school. The parents shall pay for  
private schooling, including, but not limited to tuition, matriculation fees, lab fees, book  
fees and other necessary educational costs for such private schooling and these costs shall  
be shared/paid by the parents at current child support percentages.

*Although no daycare expenses are currently being incurred,*  
Work-Related Daycare In the event the Mother incurs work-related daycare expense  
from a professional daycare provider or facility, such expense shall be apportioned at  
current child support percentages. If a family member is providing this service, this shall  
be shared as an expense at current child support percentages to the extent incurred, as  
long as the charges do not exceed the fair market value for such services.



1 The parent incurring any of the above-referenced expenses shall submit invoices or  
2 receipts to the other parent, who shall then have 10 days to submit payment to the  
3 provider of service/material, or the other parent if that parent has already paid. Such  
4 invoices/receipts shall be submitted monthly, but in no event any later than 90 days after  
receipt by the incurring parent, or the expense shall be deemed to be waived.

5 **3.16 PERIODIC ADJUSTMENT.**

6 Child support maybe adjusted periodically as per statute.

7 **3.17 INCOME TAX EXEMPTIONS.**

8 Tax exemptions for the children shall be allocated as follows:

9 The Mother shall claim Ryan as her tax exemption. The Father shall claim Kaitlin and  
10 Michael as his tax exemptions.

11 This apportionment of the exemptions shall be reviewable upon subsequent  
12 modifications.

13 **3.18 MEDICAL INSURANCE.**

14 Health insurance coverage for the children listed in Paragraph 3.1 shall be provided by  
15 the Father if coverage that can be extended to cover the children is or becomes available  
16 through employment or is union related and the cost of such coverage does not exceed  
17 \$499.28 (twenty-five percent of the obligated parent's basic child support obligation).

18 The Father shall maintain health insurance coverage, if available for the children listed in  
19 paragraph 3.1, until further order of the court or until health insurance is no longer  
20 available through the parents' employer or union and no conversion privileges exist to  
continue coverage following termination of employment.

21 A parent who is required under this order to provide health insurance coverage is liable  
22 for any covered health care costs for which that parent receives direct payment from an  
insurer.

23 A parent who is required under this order to provide health insurance coverage shall  
24 provide proof that such coverage is available or not available within twenty days of the  
25 entry of this order or within twenty days of the date such coverage becomes available, to  
26 the physical custodian or the Washington State Support Registry if the parent has been  
27 notified or ordered to make payments to the Washington State Support Registry.





1 If proof that health insurance coverage is available or not available is not provided within  
2 twenty days the obligee or the Department of Social and Health Services may seek direct  
3 enforcement of the coverage through the obligor's employer or union without further  
notice to the obligor as provided under Chapter 26.18 RCW.

4 **3.19 EXTRAORDINARY HEALTH CARE EXPENSES.**

5 The OBLIGOR/Father shall pay 90% of extraordinary healthcare expenses (the obligor's  
6 proportional share of income from the Child Support Schedule Worksheet , line 6), if  
7 monthly medical expenses exceed \$110.95 (5% of the basic support obligation from  
Worksheet line 5).

8 Father shall reimburse Mother \$1,500.00 for orthodontic expense incurred in October  
9 1999.

10 **3.20 BACK CHILD SUPPORT.**

11 The Mother is awarded a judgment against the obligor parent in the amount of  
12 \$16,273.62 for back child support for the months of August 1999 to through June 2000.

13 The Father shall repay back child support due at \$400.00 per month, beginning July 1,  
14 2000, without interest, so long as he complies with the monthly payments of \$400.00 per  
15 month, paid on the first of the month. The awarded judgment shall bear 12% interest on  
any declining balance if payment is more than 20 days late.

16 **3.21 BACK INTEREST.**

17 There is no back interest.

18 **3.22 OTHER:**

19 The Mother is awarded \$5,000.00 in attorney fees, as a judgment, based on her need and  
20 Father's ability to pay.

21 The Father shall provide to the Mother by January 5<sup>th</sup> of every year, documentary proof  
22 of compliance with the provision of the Settlement Contract regarding his maintenance of  
23 his life insurance with the children as beneficiaries.

24 JUL 07 2000

25 Dated: \_\_\_\_\_

26   
27 Judge Commissioner

28 FINAL ORDER OF CHILD SUPPORT.doc - 7

\\SERVER\USERS\CATHY\CLIENT\LUCAS\FINAL ORDER OF CHILD SUPPORT.doc



200008070061

Kathy Hill, Skagit County Auditor

8/7/2000 Page 8 of 14 12:07:59PM

O'LOANE, NUNN  
& GUTHRIE, P.L.L.C.

2707 Colby Ave., Suite 1204

Everett, WA 98201-3528

(425) 258-6860

Fax (425) 259-6224



1 Presented by:  
2 O'LOANE, NUNN & GUTHRIE, P.L.L.C.

3  
4  
5 Cathy L. Guthrie, WSBA #21774  
6 Attorney for Petitioner

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

Approved for entry:  
Notice of presentation waived:

Henry Templeman, WSBA #04517  
Attorney for Respondent



200008070061

Kathy Hill, Skagit County Auditor

8/7/2000 Page 9 of 14 12:07:59PM

CHILDREN AND AGES: RYAN, 14; MICHAEL, 12; KAITLIN, 9

PART I: BASIC SUPPORT OBLIGATION

1. GROSS MONTHLY INCOME	FATHER	MOTHER
a. Wages and Salaries	\$24,073.12	\$2,083.00
b. Interest and Dividend Income	-	-
c. Business Income	-	-
d. Spousal Maintenance Received	-	-
e. Other Income	-	-
f. TOTAL GROSS MONTHLY INCOME (add Lines 1a through 1e)	\$24,073.12	\$2,083.00
2. MONTHLY DEDUCTIONS FROM GROSS INCOME	S-2	S-3
a. Income Taxes	\$7,477.02	\$176.17
b. FICA/Self-Employment Taxes	\$724.16	\$159.35
c. State Industrial Insurance Deductions	-	-
d. Mandatory Union/Professional Dues	-	-
e. Pension Plan Payments	\$166.66	-
f. Spousal Maintenance Paid	-	-
g. Normal Business Expenses	-	-
h. TOTAL DEDUCTIONS FROM GROSS INCOME (add Lines 2a through 2g)	\$8,367.84	\$335.52
3. MONTHLY NET INCOME (Line 1f minus Line 2h)	\$15,705.28	\$1,747.48
4. COMBINED MONTHLY NET INCOME (Line 3 amounts combined)	\$17,452.76	
5. BASIC CHILD SUPPORT OBLIGATION (Combined Amount -->)	\$2,219.00	
RYAN	\$790.00	
MICHAEL	\$790.00	
KAITLIN	\$639.00	
6. PROPORTIONAL SHARE OF INCOME (Each number on Line 3 divided by Line 4)	.900	.100
7. EACH PARENT'S BASIC CHILD SUPPORT OBLIGATION (Each number on Line 6 times Line 5)	\$1,997.10	\$221.90

PART II: HEALTH CARE, DAY CARE, AND SPECIAL CHILD REARING EXPENSES

8. HEALTH CARE EXPENSES	
a. Children's Monthly Health Insurance	-
b. Children's Uninsured Monthly Health Care	-
c. Total Monthly Health Care Expenses (Line 8a plus Line 8b)	-
d. Combined Monthly Health Care Expenses (Add father's and mother's totals from line 8c)	\$ .00
e. Maximum Ordinary Monthly Health Care (Line 5 times .05)	\$110.95
f. Extraordinary Monthly Health Care (Line 8d minus Line 8e)	\$ .00

PART II: HEALTH CARE, DAY CARE, AND SPECIAL CHILD REARING EXPENSES (cont.)

9. DAY CARE AND SPECIAL CHILD REARING EXPENSES	FATHER	MOTHER
a. Day Care Expenses	-	-
b. Education Expenses	-	-
c. Long Distance Transportation Expenses	-	-
d. Other Special Expenses (listed below)		
Children's Extracurricular Activities	-	\$100.00
	-	-
	-	-
e. TOTAL DAY CARE AND SPECIAL EXPENSES (Add Lines 9a through 9d)	-	\$100.00
10. COMBINED MONTHLY TOTAL DAY CARE & SPECIAL EXPENSES (Combine amounts on Line 9e)	\$100.00	
11. TOTAL EXTRAORDINARY HEALTH CARE, DAY CARE, & SPECIAL EXPENSES (Line 8f plus Line 10)	\$100.00	
12. EACH PARENT'S OBLIGATION FOR EXTRAORDINARY HEALTH CARE, DAY CARE, AND SPECIAL EXPENSES (Multiply each number on Line 6 by Line 11)	\$90.00	\$10.00

PART III: STANDARD CALCULATION CHILD SUPPORT OBLIGATION

13. STANDARD CALCULATION SUPPORT OBLIGATION (Line 7 plus Line 12)	\$2,087.10	\$231.90
--	------------	----------

PART IV: CHILD SUPPORT CREDITS

14. CHILD SUPPORT CREDITS		
a. Monthly Health Care Expenses Credit	-	-
b. Day Care and Special Expenses Credit	-	\$100.00
c. Other Ordinary Expense Credit	-	-
	-	-
	-	-
d. TOTAL SUPPORT CREDITS (Add Lines 14a through 14d)	-	\$100.00

PART V: NET SUPPORT OBLIGATION/PRESUMPTIVE TRANSFER PAYMENT

15. Net Support Obligation (Line 13 minus 14d)	\$2,087.10	\$131.90
--	------------	----------

PART VI: ADDITIONAL FACTORS FOR CONSIDERATION

16. Household Assets (Present estimated value of all major assets)	FATHER'S HOUSEHOLD	MOTHER'S HOUSEHOLD
a. Real Estate	-	-
b. Stocks & Bonds	-	-
c. Vehicles	-	-
d. Boats	-	-
e. Pensions/ IRAs/ Bank Accounts	-	-
f. Cash	-	-
g. Insurance Plans	-	-
h. Other	-	-



200008070061

Kathy Hill, Skagit County Auditor

8/7/2000 Page 11 of 14 12:07:59PM

17. Household Debt (List liens against household assets, extraordinary debt.)

	FATHER'S HOUSEHOLD	MOTHER'S HOUSEHOLD
a.	-	-
b.	-	-
c.	-	-
d.	-	-
e.	-	-
f.	-	-

18. Other Household Income

- a. Income of Current Spouse  
(if not the other parent of this action)

Name  
Name

-  
-

- b. Income of Other Adults in Household

Name  
Name

-  
-

- c. Income of Children  
(if considered extraordinary)

Name  
Name

-  
-

- d. Income From Child Support

Name  
Name

-  
-

- e. Income From Assistance Programs

Program  
Program

-  
-

- f. Other Income (describe)

-  
-

19. Non-Recurring Income (describe)

-  
-

20. Child Support Paid for Other Children

Name/Age:  
Name/Age:

-  
-

21. Other children Living in Each Household  
(First names and ages)



200008070061

Kathy Hill, Skagit County Auditor

8/7/2000 Page 12 of 14 12:07:59PM

CONTINUE TO NEXT PAGE

22. Other Factors for Consideration



200008070061  
Kathy Hill, Skagit County Auditor  
8/7/2000 Page 13 of 14 12:07:59PM

==== SIGNATURES AND DATES =====

I declare, under penalty of perjury under the laws of the State of Washington, the information contained in these worksheets is complete, true, and correct.

\_\_\_\_\_  
Mother's Signature

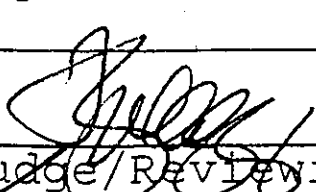
\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City

\_\_\_\_\_  
Date


\_\_\_\_\_  
City

  
\_\_\_\_\_  
Judge/Reviewing Officer

  
\_\_\_\_\_  
Date

JUL 07, 2000

UNOFFICIAL DOCUMENT

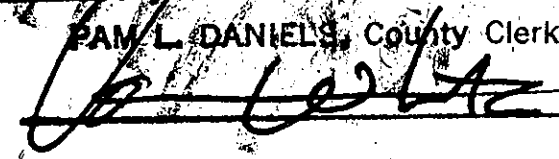
  
200008070061  
Kathy Hill, Skagit County Auditor  
8/7/2000 Page 14 of 14 12:07:59PM

STATE OF WASHINGTON }  
COUNTY OF SNOHOMISH } ss.

I, PAM L. DANIELS, Clerk of the above entitled Court, do hereby certify that the instrument is a true and correct copy of that now on file in my office.

In witness whereof, I hereunto set my hand and the Seal of said Court this

day of JUL 24 2000 20

PAM L. DANIELS, County Clerk  
 Deputy