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BOOK 220 PAGE 888

FILED FOR RECORD
SKAMANIA CO. WASH
BY DSHS

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AUDITOR

J. MICHAEL GARVISON

DIVISION OF CHILD SUPPORT
5411 1/2 MILL PLAIN BLDG 3
PO BOX 42610
VANCOUVER WA 98682-0099



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)

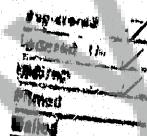
NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: Colby T. Leal, also known as or
doing business as: _____

SSN 532-11-9622, DOB 01/15/63

Grantee or Creditor: The Department of Social and Health Services (DSHS).

Legal Description:



Assessor's Property Tax Parcel Account Number: _____

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 \$ 1,384.00 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.

February 19, 2002

Date

S. McGillis

Authorized Representative
DIVISION OF CHILD SUPPORT

(360) 696-6100

Telephone Number

S. McGillis

Person to Contact

In reply, refer to:

Case #: 1599431

1634386

NOTICE AND STATEMENT OF LIEN
DSHS 09-232 (REV. 04/1997)

(FG REL:08/1999)
(2474020218:232744)
1599431/2474