AFN #2008169750 Recorded 04/30/08 at 12:58 PM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor J. Michael Garvison 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

| | | | | , also known as or |
|---|-------------------------|------------------------------|---|--------------------|
| doing business as: | | | | , |
| | SSN: <u>XXX-X</u> X-146 | 6 | DOB: <u>03/28/79</u> | |
| Grantee or Creditor: The Department of Social and Health Services (DSHS). | | | | |
| Legal Description: | |)` | _(| 17 |
| Assessor's Propert | ty Tax Parcel Accou | nt Number: | | |
| DSHS claims that t | he debtor named at | oove owes past-o | ents and accrue to the due child support. The 6 in Skamania | |
| All real and per | rsonal property of th | e debtor named | above except Tribal Tr | ust property. |
| Only the prope | rty described in the | Legal Description | n section above. | |
| April 28, 2008 Date | 3 | J. Bixler Authorized Represe | | |
| (360) 696-6100 |) | J. Bixler | | |
| Telephone Number | | Person to Contact | | |
| | | | 00018699440044 | 919400000000332502 |

In reply, refer to: Case #: 1869944

FG VER: (1.3) 3969:20080428/ 1869944/3969

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001)