AFN #2008170205 Recorded 06/18/08 at 01:37 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

Grantor or Debtor:	Timothy A. Wear		, also known as or
doing business as:		A =	
			,
	SSN: <u>xxx-xx-7363</u>	DOB: 04/30/67	7
Grantee or Creditor	r: The Department of Sc	cial and Health Services (DS	HS).
Legal Description:	\sim		22
Assessor's Propert	y Tax Parcel Account Nu	ımber:	• •
DSHS claims that t	he debtor named above	are judgments and accrue to owes past-due child support. 8, 110.24 in Skamar	The Division of Child
X All real and per	sonal property of the del	otor named above except Trib	oal Trust property.
Only the proper	rty described in the Lega	I Description section above.	
June 16, 2008	C.	Wehrmann	
Date		orized Representative SION OF CHILD SUPPORT	
(360) 696-6100	<u>c.`</u>	Wehrmann	
Telephone Number	Pers	on to Contact	
		00019639:	370014602130900000042502

In reply, refer to: Case #: 1963937

FG VER: (1.3) 5530:20080616/ 1963937/2623

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