AFN #2008170333 Recorded 07/02/08 at 11:37 AM 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

In reply, refer to: Case #: 2056413

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

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

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor:	Micah Reber	, also known as or
doing business as:		
•	SSN: <u>XXX-XX-643</u>	DOB: 05/31/81 .
Grantee or Credito	r: The Department	of Social and Health Services (DSHS).
Legal Description:		
Assessor's Proper	ty Tax Parcel Accou	ınt Number:
DSHS claims that		n due, are judgments and accrue to the lien amount. bove owes past-due child support. The Division of Child nt of \$ 436.84 in Skamania County on:
XI All real and pe	rsonal property of th	ne debtor named above except Tribal Trust property. Legal Description section above.
June 28, 2008 Date		B. Hill Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100		B. Hill
Telephone Number		Person to Contact
		000205641300545898200000000042502

FG VER: (1.3) 3466:20080628/

2056413/3466