AFN #2008170806 Recorded 08/21/08 at 10:54 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

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

## NOTICE AND STATEMENT OF LIEN

Grantor or Deptor:	Kody A. Price			, also kn	Own as or
doing business as:					,
	SSN: <u>xxx-xx-739</u>	0	DOB: <u>05/23/71</u>		<u> </u>
Grantee or Creditor	: The Department	of Social and He	alth Services (DSH	S).	
Legal Description:  Assessor's Propert	v Tax Parcel Accoun	nt Number	~	5	7
Assessor s rruper	y Tax Faiter Accoun	ne Number.	<del>,</del>		*
Child support paym DSHS claims that the Support (DCS) files	he debtor named at	oove owes past-o	due child support. 🧻	The Division	
X All real and per	sonal property of th	e debtor named	above except Triba	l Trust prop	erty.
☐ Only the proper	ty described in the	Legal Descriptio	n section above.		
August 19, 200	8	J. Garrett	7		
Date		Authorized Represe			
(360) 696-6100		J. Garrett			
Telephone Number		Person to Contact			
			00012803541	004103888000000	00072502

In reply, refer to: Case #: 1280354

1368:20080819/ 1280354/1368

NOTICE AND STATEMENT OF LIEN DSH\$ 09-282 (REV. 08/2001)