AFN #2008170910 Recorded 09/03/08 at 10:05 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 Debtor: Robert	E. Ross	, ,	also known as or
doing business as:			<u> </u>
-	10,4		, ,
SSN:xx	X-XX-2261	DOB: <u>07/23/83</u>	
Grantee or Creditor: The Do	epartment of Social and	Health Services (DSHS).	
Legal Description:	(O)		7
Assessor's Property Tax Pa	rcel Account Number: _		<u>- </u>
Child support payments, not DSHS claims that the debtor Support (DCS) files a lien in	r named above owes pa	st-due child support. The D	
X All real and personal pro	perty of the debtor nam	ed above except Tribal Tru	st property.
Only the property descri	bed in the Legal Descrip	otion section above.	· .
August 28, 2008 Date	M. White Authorized Rep DIVISION OF C	resentative CHILD SUPPORT	
(360) 696-6100	M. White		
Telephone Number	Person to Conta	act	
		0002050824005119	20500000000262502 ·

In reply, refer to: Case #: 2050824

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

FG VER: (1.3) 1579:20080828/ 2050824/1579