AFN #2008171055 Recorded 09/24/08 at 11:34 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:	Alberto C. Rey	es		_, also known as or
doing business as:				
	SSN: <u>XXX-XX-396</u>	1.	DOB. <u>08/14/83</u>	-
Grantee or Credito	r: The Department	of Social and Hea	olth Services (DSHS)	
Legal Description:),	_(
Assessor's Propert	y Tax Parcel Accou	int Number:		
DSHS claims that t	he debtor named a	bove owes past-d	ents and accrue to thue child support. The	e Division of Child
X All real and per	rsonal property of th	ne debtor named a	bove except Tribal ⁻	Trust property.
☐ Only the prope	rty described in the	Legal Description	section above.	
September 20,	2008	T. Hanke	1	
Date		Authorized Represer DIVISION OF CHILD		
(360) 696-6100)	T. Hanke		
Telephone Number		Person to Contact		

In reply, refer to: Case #: 1783328

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 00017833280050205530000000152502

FG VER: (1.3) 3939:20080920/ 1783328/3939