AFN #2008171270 Recorded 10/22/08 at 11:44 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: B: doing business as:	illy J. Eubank	S	$\sim$	, also known as or ,
·		W. Y.		
S	SN: <u>xxx-xx-752</u> 1	D(	OB: <u>03/21/70</u>	
Grantee or Creditor:	The Department of	f Social and Health	Services (DSHS).	- 1
Legal Description:	$^{\sim}$ C	)`	·C	13
Assessor's Property	Tax Parcel Accoun	t Number:	$\sim$	
Child support paymer DSHS claims that the Support (DCS) files a	debtor named abo	ove owes past-due	child support. The	
X All real and perso	nal property of the	debtor named abo	ve except Tribal T	rust property.
☐ Only the property	described in the L	egal Description se	ection above.	
October 18, 2008		S. Mcgillis		
Date		Authorized Representati DIVISION OF CHILD SU		<u> </u>
(360) 696-6100		S. Mcgillis		
Telephone Number	F	Person to Contact		

In reply, refer to: Case #: 1576487

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 000157648700465813900000000102502

FG VER: (1.3) 2474:20081018/ 1576487/2474