AFN #2008171523 Recorded 11/21/08 at 10:48 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: 1 doing business as:	Kevin F. Hartzel	1	\sim	_, also known as or
dollig business as.				······································
,	SSN: <u>xxx-xx-559</u> 5		DOB: 07/24/70	
Grantee or Creditor:	The Department of	Social and Hea	Ith Services (DSHS)	
Legal Description:	\sim) `	_<	17
Assessor's Property	Tax Parcel Account	Number:	\sim	·
DSHS claims that th	ents, not paid when do ne debtor named abov a lien in the amount o	e owes past-di		e Division of Child
X All real and pers	sonal property of the o	debtor named a	bove except Tribal T	rust property.
☐ Only the proper	ty described in the Le	gal Description	section above.	
November 17, 20	008 P	. Shives		
Date		ithorized Represen VISION OF CHILD		
(253) 922-0454	P	. Shives		
Telephone Number	Pe	erson to Contact		
			0000835010002	76513500000000452502

In reply, refer to: Case #: 835010

3474:20081117/
NOTICE AND STATEMENT OF LIEN
DSHS 09-282 (REV. 08/2001)
835010/3474

FG VER: (1.3)