AFN #2008171634 Recorded 12/10/08 at 10:52 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:	Jeffrey P. Elli			, also known as or
doing business as:				·
· ·				4
	SSN: <u>xxx-xx-2967</u>	DOE	3: <u>08/26/58</u>	
Grantee or Creditor	r: The Department o	Social and Health S	Services (DSHS).	
Legal Description:) `	_(
Assessor's Propert	y Tax Parcel Accoun	Number:	\rightarrow	
DSHS claims that t	nents, not paid when he debtor named abo s a lien in the amount	ve owes past-due c	hild support. The	Division of Child
X All real and per	sonal property of the	debtor named above	e except Tribal Tr	ust property.
Only the prope	rty described in the L	egal Description sec	tion above.	
December 06, 2		P. Schreiner Authorized Representative DIVISION OF CHILD SUF		
(360) 696-6100)	2. Schreiner		
Telephone Number		Person to Contact		
			00020531710054	535000000000072502

In reply, refer to: Case #: 2053171

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

FG VER: (1.3) 4743:20081206/ 2053171/4743