AFN #2008171699 Recorded 12/17/08 at 01:19 PM 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

GISHIOLOLDEDIOL CTAYCOIL H. MAKE	, also known as of
doing business as: CLAYON WAKEFI	EL.D ,
	,
SSN: <u>xxx-xx-737</u>	DOB: <u>10/05/64</u> .
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:), (0)
Assessor's Property Tax Parcel Account	nt Number:
	due, are judgments and accrue to the lien amount. ove owes past-due child support. The Division of Child t of \$ 2,220.12 in Skamania County on
XI All real and personal property of the	e debtor named above except Tribal Trust property.
☐ Only the property described in the I	
December 13, 2008	B. Glover
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100	B. Glover
Telephone Number	Person to Contact

In reply, refer to:

Case #: 1779814 1915600

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

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