AFN #2009171821 Recorded 01/08/09 at 11:51 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 Deptor:	Daniel B. Ladd	isaw , also k	nown as or
doing business as:			3
			, , ,
	SSN: <u>XXX-XX-891</u>	1 DOB: 10/12/84	-
Grantee or Creditor	: The Department	of Social and Health Services (DSHS).	
Legal Description:), (()	7
Assessor's Property	y Tax Parcel Accou	nt Number:	
DSHS claims that the	ne debtor named at	due, are judgments and accrue to the lien and over owes past-due child support. The Division of \$ 5,705.24 in Skamania	
X All real and per	sonal property of th	e debtor named above except Tribal Trust pro	perty.
☐ Only the proper	ty described in the	Legal Description section above.	
January 06, 20 Date	09	A. Cullen Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100		A. Cullen	
Telephone Number		Person to Contact	
		09018017130043356060000	0000192502

In reply, refer to: Case #: 1801713

FG VER: (1.3) 3083:20090106/ 1801713/3083

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