AFN #2009171860 Recorded 01/14/09 at 11:58 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: Adam N. Faulkn doing business as:	er, also known as or,
SSN: <u>x</u> xx-xx-876	DOB: 11/16/85
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:), (0)
Assessor's Property Tax Parcel Account	int Number:
DSHS claims that the debtor named a	n due, are judgments and accrue to the lien amount. bove owes past-due child support. The Division of Child nt of \$ 1,057.00in Skamania County on
All real and personal property of the	e debtor named above except Tribal Trust property.
Only the property described in the	Legal Description section above.
January 10, 2009 Date	J. Demich Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100	J. Demich
Telephone Number	Person to Contact
	00020828060020240820000000012502

In reply, refer to: Case #: 2082806 2114629

FG VER: (1.3) 3520:20090110/ 2082806/3520

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