AFN #2009171880 Recorded 01/20/09 at 12:40 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

Grantor or Debtor: Jonathon doing business as:	A. Maddux		, ,	also known as or	
domig babilloob do.	- \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\			· · · · · · · · · · · · · · · · · · ·	
SSN: XXX-	XX-3396	DOB: <u>08</u>	/08/83		
Grantee or Creditor: The Dep	artment of Social a	nd Health Servic	ces (DSHS).	- I	
Legal Description:	O.		(17	
Assessor's Property Tax Parce	el Account Number	·:			
Child support payments, not po DSHS claims that the debtor n Support (DCS) files a lien in th	amed above owes	past-due child s			
XI All real and personal prope	erty of the debtor na	amed above exc	ept Tribal Tr	ust property.	
Only the property describe	d in the Legal Des	cription section a	above.		
January 14, 2009	J. Mend	oza			
Date		Authorized Representative DIVISION OF CHILD SUPPORT			
(360) 696-6100	J. Mend	oza			
Telephone Number	Person to C	ontact			
		SECTION SECTIO			

In reply, refer to: Case #: 2059369

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

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