AFN #2009172201 Recorded 03/04/09 at 11:23 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: doing business as:	James M. Birker	nfeld		, also known as or ,
-				,
1	SSN: <u>xxx-xx-966</u>	9	DOB: <u>08/27/80</u>	<u></u> >
Grantee or Creditor	: The Department	of Social and Hea	alth Services (DSHS).	- 1
Legal Description:),	- C	13
Assessor's Property	Tax Parcel Accou	nt Number:	\triangle	
	ne debtor named ab	ove owes past-di	ents and accrue to the ue child support. The in Skamania	
X All real and pers	sonal property of the	e debtor named a	bove except Tribal Tr	ust property.
☐ Only the proper	ty described in the	Legal Description	section above.	
March 01, 2009		S. Mcgillis	,	
Date	_{and party and the state of the}	Authorized Represent DIVISION OF CHILD		
(360) 696-6100		S. Mcgillis		
Telephone Number		Person to Contact		
			00020704640054	8661700000000012502

In reply, refer to: Case #: 2070464 2120744

FG VER: (1.3) 2474:20090301/ 2070464/2474

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