AFN #2009172624 Recorded 04/20/09 at 03:31 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: Lyle E. Weddoing business as:	stbrook			, also known as or
doing business as.	—\ -}}^		····	,
SSN: XXX-XX	-3585	DOB: 09/	/28/61	
Grantee or Creditor: The Department	nent of Social ar	nd Health Service	es (DSHS)	
Legal Description:) .		(17
Assessor's Property Tax Parcel A	ccount Number:			
Child support payments, not paid DSHS claims that the debtor nam Support (DCS) files a lien in the a	ed above owes	past-due child sι	upport. The	Division of Child
X All real and personal property	of the debtor na	amed above exce	ept Tribal T	rust property.
Only the property described in	า the Legal Desc	ription section a	bove.	
April 14, 2009 Date		epresentative CHILD SUPPORT		
(360) 664-6900	K. Neal			······································
Telephone Number	Person to Co	ntact		
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In reply, refer to: Case #: 1635490

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FG VER: (1.3) 4076:20090414/ 1635490/4076

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