AFN #2009172695 Recorded 04/28/09 at 12:03 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: Je	ffery A. Summerville		, also known as or
doing business as:			3
V.,			,
SS	SN:xxx-xx-5244	DOB: <u>09/01/60</u>	
Grantee or Creditor:	The Department of Social a	and Health Services (DSH	S).
Legal Description:	$^{\prime}O$	` _ (17
Assessor's Property T	ax Parcel Account Number	r:	
DSHS claims that the	ts, not paid when due, are judget on the debtor named above owes lien in the amount of $\frac{4}{100}$	past-due child support. T	he Division of Child
XI All real and person	nal property of the debtor n	amed above except Tribal	Trust property.
Only the property	described in the Legal Des	cription section above.	
April 25, 2009	S. Mcgi	llis	
Date		Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100	S. Mcgi	llis	
Telephone Number	Person to C	ontact	

In reply, refer to: Case #: 1732309

NOTICE AND STATEMENT OF LIEN D\$HS 09-282 (REV. 08/2001) 060173230900493319300000000142502

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