AFN #2009172746 Recorded 05/04/09 at 02:02 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:	Casey B. Graha	am, also known as o)T
doing business as:	NEESH GRAHAM		
	4	,	
	SSN: <u>XXX-XX-677</u>	74 DOB: <u>11/07/72</u> .	
Grantee or Credito	r: The Department	t of Social and Health Services (DSHS).	
Legal Description:), '(),	
Assessor's Propert	ty Tax Parcel Accou	unt Number:	٠
DSHS claims that t	the debtor named al	en due, are judgments and accrue to the lien amount. above owes past-due child support. The Division of Child ant of \$ 34,023.00 in Skamania County	
X All real and per	rsonal property of th	he debtor named above except Tribal Trust property.	
Only the prope	erty described in the	Legal Description section above.	
April 29, 2009)	M. White	
Date		Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100)	M. White	
Telephone Number		Person to Contact	

In reply, refer to: Case #: 1637074

FG VER: (1.3) 1579:20090429/

1637074/1579

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