AFN #2009173569 Recorded 08/06/09 at 11:44 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:	·	ittbrenner		, also known as or
doing business as:				,
	SSN: XXX-XX-6	825	DOB: 02/08/80	
Grantee or Credito	r: The Departme	nt of Social and H	lealth Services (DSHS	S).
Legal Description:) .	_()]
Assessor's Propert	y Tax Parcel Acc	ount Number:		*
DSHS claims that t	he debtor named	above owes pas	ments and accrue to the t-due child support. The local in Skamani.	he Division of Child
XI All real and per	rsonal property of	the debtor name	ed above except Tribal	Trust property.
☐ Only the prope	rty described in th	ne Legal Descript	ion section above.	
August 01, 200	9	C. French Authorized Repre		·
(360) 664-6900		C. French		·
Telephone Number		Person to Contac	t	

00019762640051321390000000012502

In reply, refer to: Case #: 1976264 2013651 2047340

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

FG VER: (1.3) 4707:20090801/ 1976264/2853