AFN #2009173827 Recorded 09/08/09 at 04:28 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: Darrel W. E doing business as:	ngland		_, also known as or ,
			,
SSN:xxx-xx-	3097	DOB: <u>12/19/78</u>	,
Grantee or Creditor: The Department	ent of Social and He	alth Services (DSHS)	
Legal Description:) .	_(
Assessor's Property Tax Parcel Ac	count Number:		
Child support payments, not paid to DSHS claims that the debtor name Support (DCS) files a lien in the ar	ed above owes past-o	due child support. Th	e Division of Child
XI All real and personal property	of the debtor named	above except Tribal	Trust property.
☐ Only the property described in	the Legal Descriptio	n section above.	
September 01, 2009 Date	L. Wilson Authorized Represe		·
(509) 374-2000	L. Wilson		
Telephone Number	Person to Contact		
		0002131506000	######################################

In reply, refer to: Case #: 2131506

FG VER: (1.3) 4648:20090901/ 2131506/4648

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