AFN #2009173831 Recorded 09/09/09 at 11:00 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: Tammee J. H	lansen, also known as or
doing business as:	
001	DOD 05/05/50
SSN: xxx-xx	-8623 DOB: 06/15/60 .
Grantee or Creditor: The Department	nent of Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel A	ccount Number:
DSHS claims that the debtor name	when due, are judgments and accrue to the lien amount. ed above owes past-due child support. The Division of Child mount of \$ 1,076.60 in Skamania County on:
	of the debtor named above except Tribal Trust property.
Only the property described in	the Legal Description section above.
September 05, 2009 Date	B. Glover Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100	B. Glover
Telephone Number	Person to Contact
	0001930947005225699800000000072502

In reply, refer to: Case #: 1930947

FG VER: (1.3) 4135:20090905/ 1930947/4135

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