AFN #2009173870 Recorded 09/14/09 at 04:49 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:	Virgil H. Samp	son Iii		_, also known as or
doing business as:				*
			**	,
	SSN: <u>xxx-xx-613</u>	2	DOB: <u>11/04/68</u>	•
Grantee or Credito	r: The Department	of Social and Heal	th Services (DSHS).	- 1
Legal Description:),	_(
Assessor's Propert	y Tax Parcel Accou	nt Number:		· ·
DSHS claims that t	he debtor named at	oove owes past-du	nts and accrue to the ue child support. The 7 in Skamania	e Division of Child
XI All real and per	sonal property of th	e debtor named a	bove except Tribal T	rust property.
☐ Only the prope	rty described in the	Legal Description	section above.	
September 09, Date	2009	B. Munoz-Erwi Authorized Represent DIVISION OF CHILD	tative	
(360) 696-6100	1	B. Munoz-Erwi	n	
Telephone Number		Person to Contact		
			0001,994,901004	0.53150000000422502

In reply, refer to: Case #: 1994901 1236680

> FG VER: (1.3) 2133:20090909/ 1994901/2133

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