AFN #2009174072 Recorded 10/12/09 at 09:26 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:	Jake D. Truelo	ve		, also known as or
doing business as:	V			
				,
	SSN: <u>XXX-XX-247</u>	4	DOB: <u>06/16/81</u>	·
Grantee or Creditor	r: The Department	of Social and Hea	alth Services (DSHS).
Legal Description:),	_(17
Assessor's Propert	y Tax Parcel Accou	int Number:		*
DSHS claims that t	he debtor named al	bove owes past-d	nts and accrue to the child support. The in Skamania	he Division of Child
XI All real and per	sonal property of th	e debtor named a	bove except Tribal	Trust property.
Only the proper	rty described in the	Legal Description	section above.	•
October 07, 20	09	B. Hill		
Date	***************************************	Authorized Represer DIVISION OF CHILD		
(360) 696-6100		B. Hill		
Telephone Number	hadanya a la sanama a a a a a a a a a a a a a a a a a	Person to Contact		
			000189394000	551970850000000092502

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

In reply, refer to: Case #: 1893940 1977579

FG VER: (1.3) 3466:20091007/ 1893940/3466