AFN #2009174100 Recorded 10/14/09 at 11:42 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:	Colbey F. Soul	e		, also known	i as or
doing business as:					1
					,
	SSN: <u>xxx-xx-885</u>	9	DOB: 04/14/84	Į.	
Grantee or Credito	r: The Department	of Social and He	ealth Services (DS	HS).	l.
Legal Description:)`	_		3
Assessor's Propert	ty Tax Parcel Accou	int Number:	- 		+
DSHS claims that t	nents, not paid when the debtor named a s a lien in the amou	bove owes past-	due child support.	The Division of	
All real and per	rsonal property of th	e debtor named	above except Trib	al Trust property	/-
	rty described in the				
October 12, 20	109	M. Moen	,		
Date	The second delication of the second s	Authorized Repres		Amenday or the second s	
(360) 696-6100)	M. Moen			
Telephone Number		Person to Contact			
			00021272	700479072500000000	52502

In reply, refer to: Case #: 2127247

FG VER: (1.3) 1472:20091012/ 2127247/1472

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