AFN #2009174101 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

In reply, refer to: Case #: 1962016

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

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor:	Yvonne D. Good	Inight		, also known as or
doing business as:	EVIE GOODNIGH	T L		3
				,
	SSN: XXX-XX-800	2	DOB: <u>12/28/82</u>	
Grantee or Credito	r: The Department	of Social and He	alth Services (DSHS)	
Legal Description:		"	_(
Assessor's Propert	y Tax Parcel Accou	ınt Number:		
DSHS claims that t	he debtor named a	bove owes past-o	ents and accrue to the due child support. The 8 in Skamania	e Division of Child
X All real and per	rsonal property of th	e debtor named	above except Tribal T	rust property.
☐ Only the prope	rty described in the	Legal Descriptio	n section above.	
October 12, 20		J. Demich	,	
Date	The second secon	Authorized Represe		manuscul version (Advisor Ald Paus vine vine ving also any Advisor per alamana.
(360) 696-6100)	J. Demich		
Telephone Number		Person to Contact		

FG VER; (1.3)

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