AFN #2009174114 Recorded 10/19/09 at 10:36 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:	**************************************	lmes		, also k	known as or
doing business as:					
	SSN: XXX-XX-014	47	DOB: 02/10/	84	
Grantee or Creditor	r: The Department	t of Social and He	alth Services (D	SHS).	
Legal Description:	Tay Dural Asset) "		\bigcirc	7
Assessor's Propert					*
Child support paym DSHS claims that t Support (DCS) files	he debtor named a	bove owes past-o	due child suppor	rt. The Division	
X All real and per	sonal property of the	he debtor named	above except Tr	ribal Trust pro	operty.
☐ Only the proper	rty described in the	e Legal Description	n section above	u.	
October 14, 20 Date	09	D. Orr Authorized Represe			
(360) 696-6100		D. Orr			
Telephone Number	approximation of the second of	Person to Contact			
,			0001640	SALES OF THE SALES OF THE SALE	00000242502

In reply, refer to: Case #: 1646072

> FG VER: (1.3) 4501:20091014/ 1646072/3334

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