AFN #2009174346 Recorded 11/23/09 at 04:04 PM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor's Office 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: Jenice	R. Gates		, also known as or
doing business as:			,
		1, 7, 1, 7, 1	,
SSN:xx	X-XX-3284	DOB: 03/14/78	
Grantee or Creditor: The De	epartment of Social a	ind Health Services (DSH	IS).
Legal Description:	(\mathcal{O})	` _ (77
Assessor's Property Tax Pa	ircel Account Number	r:	
Child support payments, no DSHS claims that the debto Support (DCS) files a lien in	r named above owes	past-due child support.	The Division of Child
X All real and personal pro	operty of the debtor n	amed above except Triba	al Trust property.
☐ Only the property descr	ibed in the Legal Des	cription section above.	
November 12, 2009 Date		mann Representative DF CHILD SUPPORT	
(360) 696-6100	C. Wehr		
Telephone Number	Person to C	Contact	
		0001848559	0038404130000000662502

In reply, refer to: Case #: 1848559 1988944

FG VER: (1.3) 2881:20091112/ 1848559/2623

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