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REVENUE SERVICE 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: William P. Edge	, also known as or
doing business as: BILL EDGE	teritaria de la companya della companya della companya de la companya de la companya della compa
WILLIAM PATRIC	K EDGE JR
SSN: <u>xxx-xx-758</u>	0 DOB: <u>09/04/69</u> .
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:), (0)
Assessor's Property Tax Parcel Account	nt Number:
	due, are judgments and accrue to the lien amount. bove owes past-due child support. The Division of Child at of \$ 575.00in Skamania County on
XI All real and personal property of the	e debtor named above except Tribal Trust property.
☐ Only the property described in the	Legal Description section above.
December 01, 2009	G. Brown
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(360) 664-6900	G. Brown
Telephone Number	Person to Contact
	00021006170030671460000000472802

In reply, refer to: Case #: 2100617 2101640 2086934

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

FG VER: (1.3) 2411:20091201/ 2100617/3097