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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: doing business as:	Kaileb C. Harp	er <u> </u>		_, also known as or
doing business as.	·			*
	SSN: <u>XXX-XX-917</u>	3	DOB: 03/08/87	
Grantee or Credito	r: The Department	of Social and He	ealth Services (DSHS)	
Legal Description:),	-(13
Assessor's Propert	y Tax Parcel Accou	nt Number:		
DSHS claims that t		oove owes past-	nents and accrue to the due child support. The in skamania	e Division of Child
X All real and per	sonal property of th	e debtor named	above except Tribal T	rust property.
☐ Only the prope	rty described in the	Legal Description	n section above.	
December 01, 2	009	J. Burkhead	<i></i>	
Date	1	Authorized Repres		
(360) 696-6100		J. Burkhead		
Telephone Number		Person to Contact		

In reply, refer to: Case #: 2148000

NOTICE AND STATEMENT OF LIEN DSHS 03-282 (REV. 08/2001)

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FG VER: (1.3) 1747:20091201/ 2148000/1747