AFN #2009174501 Recorded 12/10/09 at 12:02 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: Terry W. Allen	, also known as or
doing business as: JARRET WEST	
	,
SSN: <u>xxx-xx-298</u>	B8 DOB: 07/20/72
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:), (0)
Assessor's Property Tax Parcel Accou	int Number:
DSHS claims that the debtor named a	n due, are judgments and accrue to the lien amount. bove owes past-due child support. The Division of Child nt of \$ 43,311.78 in Skamania County on:
☒ All real and personal property of the☐ Only the property described in the	ne debtor named above except Tribal Trust property. Legal Description section above.
December 08, 2009	J. Woods
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(509) 363-5000	J. Woods
Telephone Number	Person to Contact
	000097617800347090200000000872502

In reply, refer to: Case #: 976178 1048616

> FG VER: (1.3) 2927:20091208/ 976178/2927

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