AFN #2010174699 Recorded 01/13/10 at 11:45 AM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor Timothy O. Todd 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 Deptor:				, also kilowii as di
doing business as:				
	SSN: XXX-XX-136	2	OOB: 09/23/80	
Grantee or Creditor	: The Department	of Social and Heal	th Services (DSHS).	- 1
Legal Description:),	_(13
Assessor's Propert	y Tax Parcel Accou	nt Number:		
DSHS claims that t		ove owes past-du	nts and accrue to the e child support. The in Lewis	
XI All real and per	sonal property of th	e debtor named ab	oove except Tribal Tr	rust property.
☐ Only the prope	rty described in the	Legal Description	section above.	
January 09, 20 Date	10	K. Cason Authorized Represent DIVISION OF CHILD		
(360) 696-6100		K. Cason		**************************************
Telephone Number		Person to Contact		
			30917769410050	0997130000000242592

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

In reply, refer to: Case #: 1776941 1873833 1929942

FG VER: (1.3) 3357:20100109/ 1776941/3357