AFN #2010174808 Recorded 02/01/10 at 11:06 AM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor Timothy O. Todd Skamania County,

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:	Aaron F. Campb	e11		, also known as of
doing business as:				
•				,
	SSN: <u>xxx-xx-953</u>	3	DOB: 03/23/76	-
Grantee or Creditor	: The Department	of Social and He	ealth Services (DSHS	3).
Legal Description:		"	_	17
Assessor's Propert	y Tax Parcel Accou	nt Number:		·
	he debtor named at	oove owes past-	ents and accrue to t due child support. T o in Skamani	he Division of Child
All real and per	sonal property of th	e debtor named	above except Tribal	Trust property.
Only the proper	rty described in the	Legal Description	n section above.	
January 25, 20 Date	10	J. Pattison Authorized Repres	entative	
(425) 438-4800		J. Pattison		
Telephone Number		Person to Contact		
			00021590890	034130040000000172502

In reply, refer to: Case #: 2159089

FG VER: (1.3) 3588:20100125/ 2159089/3588

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