AFN #2010174947 Recorded 02/22/10 at 12:04 PM 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:	Jeffrey J. Val	dez		7	4	also kno	wn as or
doing business as:				<b>T</b>			3
							,
	SSN: <u>XXX-XX-905</u>	4	DO	B: <u>09/1</u> 5	/77		-
Grantee or Creditor	: The Department	of Socia	and Health	Services (	DSHS).	6	
Legal Description:		)	•	_		5	3
Assessor's Property	y Tax Parcel Accou	nt Numb	er:				
Child support paym DSHS claims that the Support (DCS) files	ne debtor named al	oove ow	es past-due	child supp	ort. The		
All real and per	sonal property of th	e debtor	named abo	ve except	Tribal Tr	ust prope	∍rty.
☐ Only the proper	ty described in the	Legal D	escription se	ction abov	/e.		
February 17, 2	010		stman d Representativ I OF CHILD SU			***************************************	A
(509) 363-5000		K. Eas	tman				
Telephone Number		Person to	Contact				•
				0000	1119160055		00042502

In reply, refer to: Case #: 2111916

FG VER: (1.3) 4056:20100217/ 2111916/4056

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