AFN #2010175960 Recorded 07/15/10 at 11:18 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 Debtor:				, also known as of
doing business as:		بالمتاليا		<u> </u>
				,
	SSN: <u>xxx-xx-723</u>	9	DOB: <u>05/26/1981</u>	
Grantee or Credito	r: The Department	of Social and He	ealth Services (DSHS).	
Legal Description:) `	~)]
Assessor's Propert	y Tax Parcel Accou	nt Number:		· .
DSHS claims that t		oove owes past-	ents and accrue to the due child support. The 4 in SKAMANIA	e Division of Child
_	rsonal property of the rty described in the		above except Tribal T n section above.	rust property.
<u>July 13, 2010</u> Date		J DEMICH Authorized Repres DIVISION OF CHIL		
(360) 696-6100)	J DEMICH		
Telephone Number		Person to Contact		

In reply, refer to: Case #: 1591911

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

00015919110046863860000000402502

FG VER: (1.4) 3520:07132010/ 1591911 / 3520