AFN #2010176062 Recorded 07/29/10 at 11:50 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: CLARENCE	KENNETH KEEL	JR .	_, also known as or
doing business as:			
			4
SSN: XXX-X	(X-7884	DOB: <u>05/24/196</u>	1
Grantee or Creditor: The Depa	rtment of Social ar	nd Health Services (DSHS	s).
Legal Description:	O		17
Assessor's Property Tax Parce	l Account Number:		<u> </u>
Child support payments, not pa DSHS claims that the debtor na Support (DCS) files a lien in the	amed above owes	past-due child support. T	he Division of Child
All real and personal prope	rty of the debtor na	amed above except Tribal	Trust property.
☐ Only the property described	d in the Legal Desc	cription section above.	
July 27, 2010	T BURNQU	JIST	
Date		Representative F CHILD SUPPORT	
(360) 696-6100	T BURNQU	JIST	
Telephone Number	Person to Co	ontact	
In reply refer to:		00016148140	041406590000000152502

In reply, refer to: Case #: 1614814 1299848 1821510 2099255

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 4737:07272010/ 1614814 / 4737