AFN #2010176150 Recorded 08/11/10 at 03:10 PM 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

doing business as:	KOBERT MERLE M	ACA		, also known as or
doing business as.				
	SSN: <u>xxx-xx-894</u>	0	DOB: <u>12/05/1985</u>	
Grantee or Credito	r: The Department	of Social and Hea	lth Services (DSHS).	<u> </u>
Legal Description:		),	_(	17
Assessor's Propert	y Tax Parcel Accou	nt Number:	$\triangle$	<u> </u>
DSHS claims that t		ove owes past-d	nts and accrue to the ue child support. The in SKAMANIA	
X Ali real and per	rsonal property of th	e debtor named a	bove except Tribal T	rust property.
Only the prope	rty described in the	Legal Description	section above.	
August 07, 201 Date	.0	B MUNOZ-ERWII Authorized Represer DIVISION OF CHILD	ntative	
(360) 696-6100	<u> </u>	B MUNOZ-ERWI	<u> </u>	
Telephone Number		Person to Contact		

In reply, refer to: Case #: 2167328

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 00021673280053704360000000132502

FG VER: (1.4) 2133:08072010/ 2167328 / 2133