AFN #2010176527 Recorded 10/04/10 at 08:45 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:	ZONA MONNES			, also known as or
doing business as:			<u> </u>	;
		$\overline{\mathbf{v}} \cdot \mathbf{v}$,
	SSN: <u>xxx-xx-896</u>	17	DOB: <u>04/22/195</u>	
Grantee or Creditor	: The Department	of Social and He	ealth Services (DSH	S).
Legal Description:).	_	77
Assessor's Propert	y Tax Parcel Accou	nt Number:		<u> </u>
DSHS claims that t	he debtor named ab	oove owes past-	nents and accrue to due child support. 1	The Division of Child
All real and per	sonal property of th	e debtor named	above except Triba	i Trust property.
Only the proper	rty described in the	Legal Description	n section above.	
September 27,	2010	R BELL Authorized Representation OF CHIL		
(360) 696-6100		R BELL_		
Telephone Number		Person to Contact		
			0001934589	0052630150000000092502

In reply, refer to: Case #: 1934589

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 3923:09272010/ 1934589 / 3923