AFN #2010176613 Recorded 10/13/10 at 10:53 AM 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

doing business as:	: L SOWDER		_, also known as or ,
 SSN::	XXX-XX-5535	DOB: 01/16/1961	
-		and Health Services (DSHS)	1
Legal Description:	O_{\prime}	` _ (13
Assessor's Property Tax I	Parcel Account Number	r:	<u> </u>
	tor named above owes	judgments and accrue to the past-due child support. The past-due in SKAMANIA	e Division of Child
X All real and personal	property of the debtor n	named above except Tribal T	Trust property.
Only the property des	cribed in the Legal Des	scription section above.	
October 11, 2010 Date		Representative OF CHILD SUPPORT	
(360) 696-6100	K NOMEL		
Telephone Number	Person to C	Contact	

In reply, refer to: Case #: 1477965

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

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FG VER: (1.4) 2922:10112010/ 1477965 / 2922