AFN #2011177678 Recorded 02/14/11 at 09:31 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 Deptor.	MARCON COMMI	TOKIDE		, also known as of
doing business as:				<u></u> ,
_	1	<u> </u>	<u> </u>	<u> </u>
	SSN: <u>xxx-xx-901</u>	5DC	OB: <u>12/2</u> 0/1977	
Grantee or Creditor	: The Department of	of Social and Health	Services (DSHS).	~ \
Legal Description:)`	_(
Assessor's Property	/ Tax Parcel Accour	nt Number:	\rightarrow	· .
Child support paymed DSHS claims that the Support (DCS) files	ne debtor named ab	ove owes past-due	child support. The	Division of Child
X All real and pers	sonal property of the	e debtor named abo	ve except Tribal T	rust property.
☐ Only the proper	ty described in the	_egal Description se	ection above.	
February 09, 20 Date	011	J DEMTCH Authorized Representation OF CHILD SU		
(360) 696-6100		J DEMICH		
Telephone Number		Person to Contact		
			0002126783005	57175700000000012502

In reply, refer to:

Case #: 2126783 2253506

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 3520:02092011/ 2126783 / 3520