AFN #2011178484 Recorded 06/20/2011 at 04:09 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

Grantor or Debtor:	AARIK R MOYER	4545		, also known as or
doing business as:				,
				,
	SSN: XXX-XX-135	8 DOI	B: 08/29/1984	
Grantee or Creditor	r: The Department	of Social and Health S	Services (DSHS).	- 1
Legal Description:)`	(13
Assessor's Propert	y Tax Parcel Accou	nt Number:	\sim	
DSHS claims that t		n due, are judgments pove owes past-due on of \$ 3,474.30		Division of Child
X All real and per	sonal property of th	e debtor named abov	e except Tribal T	rust property.
☐ Only the prope	rty described in the	Legal Description sec	ction above.	
June 13, 2011		R COPE		
Date		Authorized Representativ DIVISION OF CHILD SUF		
(253) 597-3700		R COPE		•
Telephone Number		Person to Contact		
			00021219210016	5386230000000092502

In reply, refer to: Case #: 2121921

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

FG VER: (1.4) 3590:06132011/ 2121921 / 3590