AFN #2011178591 Recorded 07/11/2011 at 08:19 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: JEFF doing business as:	ERY GLEN LEYDA	, a	ilso known as or
doing business as.			· · · · · · · · · · · · · · · · · · ·
SSN:	XXX-XX-9847	DOB: 06/26/1983	
Grantee or Creditor: The	Department of Social a	and Health Services (DSHS).	
Legal Description:	$\langle O \rangle$	` (13
Assessor's Property Tax	Parcel Account Number	r	·
	btor named above owes	judgments and accrue to the lie s past-due child support. The D 5.00 in SKAMANIA	
	property of the debtor n scribed in the Legal Des	named above except Tribal Trus	st property.
<u>July 02, 2011</u> Date		ENS Representative OF CHILD SUPPORT	
(360) 696-6100	P STEVE		
Telephone Number	Person to C	Contact	

In reply, refer to: Case #: 1826824

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 00018268240022097420000000162502

FG VER: (1.4) 9424:07022011/ 1826824 / 725