AFN #2011179198 Recorded 10/10/2011 at 08:32 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: BR	ANDON LEE KECK		, also known as or
doing business as:			,
			·
SS	N: <u>xxx-x</u> x-0414	DOB: <u>08/01/199</u> 1	<u>. </u>
Grantee or Creditor: T	he Department of Social and	Health Services (DSHS	3).
Legal Description:	$^{\prime}$ O .	_(17
Assessor's Property Ta	ax Parcel Account Number:	-	
DSHS claims that the	ts, not paid when due, are judg debtor named above owes par lien in the amount of \$ 1,365	st-due child support. Th	he Division of Child
X All real and person	nal property of the debtor name	ed above except Tribal	Trust property.
Only the property of	described in the Legal Descrip	otion section above.	
October 05, 2011	J DEMICH		
Date	Authorized Repr DIVISION OF C	resentative :HILD SUPPORT	
(360) 696-6100	J DEMICH		
Telephone Number	Person to Conta	act	

In reply, refer to: Case #: 2276432

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 00022764320030461490000000082502

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