AFN #2011179347 Recorded 10/27/2011 at 12:59 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: KATYNE L BRO	WN		, also known as or
doing business as:			,
			,
SSN:xxx-xx-1	037 D	OOB: <u>12/08/1977</u>	
Grantee or Creditor: The Department	nt of Social and Healt	th Services (DSHS).	~ \
Legal Description:) .	-(C	17
Assessor's Property Tax Parcel Acc	ount Number:		<u> </u>
Child support payments, not paid w DSHS claims that the debtor named Support (DCS) files a lien in the am	above owes past-du	e child support. The	
X All real and personal property o	the debtor named ab	oove except Tribal Tr	ust property.
\square Only the property described in t	he Legal Description :	section above.	
October 22, 2011	J GARZA		
Date	Authorized Representation OF CHILD S		
(509) 374-2000	J GARZA		
Telephone Number	Person to Contact		
		000160496300238	3615300000000662502

In reply, refer to: Case #: 1604963 1781873 2032435

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

FG VER: (1.4) 2714:10222011/ 1604963 / 2714