AFN #2013000415 Recorded 03/04/2013 at 02:10 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: CURTIS DEAN RE	EEL , also known as or
doing business as:	
SSN : <u>xxx-xx-68</u> :	DOB: 04/20/1961
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Accou	unt Number:
Support (DCS) files a lien in the amou	
Only the property described in the	ne debtor named above except Tribal Trust property. Legal Description section above.
February 25, 2013 Date	L MORGAN Authorized Representative DIVISION OF CHILD SUPPORT
(253) 597-3700 Telephone Number	L MORGAN Person to Contact
In reply, refer to:	00019936280053583000000000132502
1 360 π· 1002620	

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 3675:02252013/ 1993628 / 3675