AFN #2013001118 Recorded 05/23/2013 at 01:10 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

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

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: CHAD DAVID doing business as:	POLZEL		, also known as or
		*	
SSN: xxx-xx	K-9958	DOB: 07/25/1980	
Grantee or Creditor: The Depart	tment of Social and H	ealth Services (DSHS)	
Legal Description:	C.C.		
Assessor's Property Tax Parcel	Account Number:		
Child support payments, not paid DSHS claims that the debtor nan Support (DCS) files a lien in the	ned above owes past-	-due child support. The	e lien amount. Division of Child County on:
☒ All real and personal property☐ Only the property described			
May 19, 2013 Date (360) 696-6100	K KINNIE Authorized Repres DIVISION OF CHI K KINNIE		-
Telephone Number	Person to Contact		-
In reply, refer to: Case #: 2372022		00023720220059	96616100000000022502

FG VER: (1.4) 2824:05192013/ 2372022 / 2824