AFN #2013002016 Recorded 09/11/2013 at 08:21 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: MARKUS L BEDE	LL	, also known as or
doing business as:		
SSN:xxx-xx-41	11 DOB: <u>02</u>	/03/1988
Grantee or Creditor: The Departmen	t of Social and Health Servic	es (DSHS).
Legal Description:		J'
Assessor's Property Tax Parcel Acco	unt Number:	4 .
Child support payments, not paid when DSHS claims that the debtor named a Support (DCS) files a lien in the amount All real and personal property of the Only the property described in the	above owes past-due child su unt of \$ 6,586.04 in some he debtor named above exce	upport. The Division of Child SKAMANIA County on ept Tribal Trust property.
September 01, 2013	R OPOKA	
Date	Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100	R OPOKA	
Telephone Number	Person to Contact	
In reply, refer to: Case #: 2269786 2359344 1945	772 2114398 2114412 2	00022697860052332460000000332502 IIII IIII 2226171
NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001)	2114412 2	FG VER: (1.4) 2374:09012013/ 2269786 / 2374