AFN #2013002515 Recorded 11/18/2013 at 04:02 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: ANDREA BEVI | I CLARK | | also known as or |
|--|-------------------------|-------------------------------|--------------------|
| doing business as: | | / | |
| | | | |
| SSN: <u>xxx-xx-</u> | 9651 D | OB : <u>06/30/1970</u> | |
| Grantee or Creditor: The Departm | ent of Social and Healt | h Services (DSHS). | |
| Legal Description: | CS. | | > |
| Assessor's Property Tax Parcel Ac | count Number: | <u> </u> | 4. |
| Child support payments, not paid w DSHS claims that the debtor name Support (DCS) files a lien in the an | d above owes past-due | | |
| All real and personal property of Only the property described in | | | ust property. |
| November 13, 2013 | A GOERKE | | , - |
| Date | Authorized Representa | itive SUPPORT | |
| (425) 438-4800 | A GOERKE | | la. |
| Telephone Number | Person to Contact | | |
| | | 00024204280047 | 462800000000062502 |
| In reply, refer to: Case #: 2420428 | | | |

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

FG VER: (1.4) 4779:11132013/ 2420428 / 4779