AFN #2009173527 Recorded 08/04/09 at 08:46 AM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor J. Michael Garvison 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: Patricidoing business as:	ia K. Schafte	$\overline{}$, also known as or
			,
SSN: XXX	X-XX-9429	DOB: 06/25/65	
Grantee or Creditor: The De	partment of Social and	Health Services (DSHS).	
Legal Description:	(O)	_(13
Assessor's Property Tax Pa	rcel Account Number: _		•
Child support payments, not DSHS claims that the debtor Support (DCS) files a lien in	r named above owes pa	st-due child support. The	e Division of Child
XI All real and personal pro	perty of the debtor nam	ed above except Tribal T	rust property.
☐ Only the property descri	bed in the Legal Descrip	otion section above.	
July 28, 2009 Date	D. Orr Authorized Rep DIVISION OF C	resentative CHILD SUPPORT	
(360) 696-6100	D. Orr		
Telephone Number	Person to Conta	act	41 B44B 4 4 H W W W W W W W W W W W W W W W W W
		00015931670018	8610970000000132502

In reply, refer to: Case #: 1593167

FG VER: (1.3) 3334:20090728/ 1593167/3334

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