AFN #2009174427 Recorded 12/02/09 at 11:46 AM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor's Office 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: Tro	oy A. Tate	+	,	also known as or ,
			<b>L</b>	,
SS	<b>N</b> : <u>xxx-xx-7469</u>	DOB:	10/13/68	
Grantee or Creditor: T	he Department of	Social and Health Se	ervices (DSHS).	
Legal Description:	1	) `	·C	17
Assessor's Property Ta	ax Parcel Account	Number:		
Child support payment DSHS claims that the o Support (DCS) files a l	debtor named abo	ve owes past-due chi		
XI All real and person	nal property of the	debtor named above	except Tribal Tr	ust property.
Only the property of	described in the Le	egal Description section	on above.	
November 26, 2009 Date	A	Burnquist authorized Representative DIVISION OF CHILD SUPP	PORT	
(360) 696-6100		. Burnquist		
Telephone Number	P	erson to Contact		
			00016786540047	5891800000000152502

In reply, refer to: Case #: 1878654 1632706

FG VER: (1.3) 4737:20091126/

1878654/4737

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