AFN #2010175159 Recorded 03/25/10 at 01:32 PM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor Timothy O. Todd Skamania County,

> 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

	Patrick D. Tro	at		_, also known as or
doing business as:		\sim	_	
	SSN: <u>xxx-xx-601</u>	4	OOB: <u>04/05/62</u>	
Grantee or Creditor	r: The Department	of Social and Heal	⊩ th Services (DSHS)	
Legal Description:)`	_<	77
Assessor's Propert	y Tax Parcel Accou	nt Number:		
DSHS claims that t	nents, not paid wher he debtor named ab a lien in the amour	ove owes past-du	e child support. Th	e Division of Child
X All real and per	rsonal property of th	e debtor named al	ove except Tribal	Trust property.
☐ Only the prope	rty described in the	Legal Description	section above.	
March 22, 2010 Date	<u>. </u>	L. Gutierrez Authorized Represent DIVISION OF CHILD		· <u>·</u>
(206) 341-7000		L. Gutierrez		<u> </u>
Telephone Number		Person to Contact		

In reply, refer to: Case #: 2102836

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

FG VER: (1.4) 2344:20100322/ 2102836/2344