AFN #2011178483 Recorded 06/20/2011 at 04:09 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: | DALE PATRICK BE | INNETT | | _, also known as or |
|---------------------|-------------------------|--------------------|---|---------------------------------------|
| doing business as: | | | | · . |
| | | <u> </u> | | · · · · · · · · · · · · · · · · · · · |
| | SSN: <u>xxx-xx-539(</u> | | DOB: <u>05/16/1984</u> | |
| Grantee or Creditor | : The Department o | of Social and He | alth Services (DSHS |). |
| Legal Description: | | " | - | 13 |
| Assessor's Property | Tax Parcel Accour | nt Number: | \angle | |
| | ne debtor named ab | ove owes past- | ents and accrue to the due child support. The in SKAMANIZ | ne Division of Child |
| X All real and pers | sonal property of the | debtor named | above except Tribal | Trust property. |
| ☐ Only the proper | ty described in the L | egal Descriptio | n section above. | |
| June 16, 2011 | , | J DEMICH | , | |
| Date | <u></u> | Authorized Represe | | |
| (360) 696-6100 | | J DEMICH | | |
| Telephone Number | | Person to Contact | | |
| | | | | |

In reply, refer to: Case #: 2293723

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

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