AFN #2012181243 Recorded 08/06/2012 at 05:00 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: HENRY CRAIG SLOAN			, also known as or
doing business as:			
SSN: XXX-X	XX-5790	DOB: 06/09/1982	
Grantee or Creditor: The Department of Social and Health Services (DSHS).			
Legal Description:			
Assessor's Property Tax Parcel	Account Number:		
Child support payments, not pa DSHS claims that the debtor na Support (DCS) files a lien in the	med above owes past-	due child support. The	Division of Child
All real and personal prope			rust property.
☐ Only the property described	I in the Legal Description	on section above.) /
August 02, 2012 Date	E BECKER Authorized Repres DIVISION OF CHII		
(206) 341-7000 Telephone Number	E BECKER Person to Contact	$\overline{\mathbf{O}}$	
In reply, refer to: Case #: 1917151 2305203		00019171510045	0217200000000292502
Case #: 1917151 2305203	2337236	FG	6 VER: (1.4)

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 1468:08022012/ 1917151 / 1468