AFN #2012181292 Recorded 08/15/2012 at 12:24 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: DANIEL WAYNE M	MCELRATH	, also known as or
doing business as: DANIEL W MCELE	HTAS	
	₩	
SSN : <u>xxx-xx-903</u>	DOB: 05/22/196	9 .
Grantee or Creditor: The Department of Social and Health Services (DSHS),		
Legal Description:		
Assessor's Property Tax Parcel Accou	ınt Number:	4.
Child support payments, not paid whe DSHS claims that the debtor named a Support (DCS) files a lien in the amou	bove owes past-due child support. T	he Division of Child A County on:
Only the property described in the		Trust property.
August 13, 2012 Date	J BIXLER Authorized Representative DIVISION OF CHILD SUPPORT	~
(360) 696-6100 Telephone Number	J BIXLER Person to Contact	
In reply, refer to:	. 000191794700	463636900000000132502
Case #: 1917947		

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NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 3969:08132012/ 1917947 / 3969