AFN #2012181821 Recorded 10/22/2012 at 12:39 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: FI | RANCISCO MENDEZ | | , also known as or |
|--|------------------------|--|------------------------|
| doing business as: | M | | \leftarrow |
| S | SN: <u>xxx-xx-8554</u> | DOB: <u>07/14/19</u> | |
| Grantee or Creditor: | The Department of Soc | cial and Health Services (DSF | IS). |
| Legal Description: | ¢ | $C \setminus C$ | |
| Assessor's Property | Tax Parcel Account Nu | mber: | 4 |
| DSHS claims that the | | are judgments and accrue to owes past-due child support. 17,769.23 in SKAMAN | The Division of Child |
| _ | | tor named above except Triba Description section above. | al Trust property. |
| October 18, 2012 | <u>K PI</u> | ETERSON | |
| Date | | rized Representative ION OF CHILD SUPPORT | |
| (509) 363-5000 | K PI | TTERSON | |
| Telephone Number | Perso | n to Contact | |
| | | 0001874453 | 0008066390000000412502 |
| In reply, refer to: Case #: 1874453 | 2188546 1662567 1 | .734012 1 979368 | |
| | | 13,7330 | FG VER: (1.4) |

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

917:10182012/ 1874453 / 2230