AFN #2012181890 Recorded 10/29/2012 at 12:56 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: AA	RON SHANE PETERS	, also known as or
doing business as:		
SS	N: <u>xxx-xx-6361</u>	DOB: <u>07/10/1985</u> .
Grantee or Creditor:	he Department of Socia	l and Health Services (DSHS).
Legal Description:		
Assessor's Property T	ax Parcel Account Numb	per:
DSHS claims that the	ts, not paid when due, a debtor named above ow lien in the amount of \$	re judgments and accrue to the lien amount. es past-due child support. The Division of Child 725.68 in SKAMANIA County on:
All real and person	nal property of the debto	r named above except Tribal Trust property.
		escription section above.
October 25, 2012	C BAI	LEY
Date		ed Representative N OF CHILD SUPPORT
(360) 696-6100	C BAI	LEY
Telephone Number	Person to	o Contact
V		000200299800267211100000000202502
In reply, refer to: Case #: 2002998 2	2208265	

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 2372:10252012/ 2002998 / 2372