AFN #2012182344 Recorded 12/26/2012 at 03:43 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

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

## STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

## NOTICE AND STATEMENT OF LIEN

Grantor or Debtor:	INCENT A PACE		, also known as or
doing business as: _			
_		Y	
S	<b>SN</b> : <u>xxx-xx-</u> 9826	DOB: 08/01/1968	
Grantee or Creditor: The Department of Social and Health Services (DSHS).			
Legal Description:		) II al	b.
	<i>د</i>		
Assessor's Property Tax Parcel Account Number:			
DSHS claims that the	nts, not paid when due, are jude debtor named above owes plien in the amount of \$ 15,7	ast-due child support. The	Division of Child
	onal property of the debtor nar	med above except Tribal T	
December 20, 201			, ,
Date	Authorized Re	epresentative CHILD SUPPORT	
(360) 696-6100	R EVANS		
Telephone Number	Person to Con	tact	
		00012257580037	979960000000832502
In reply, refer to: Case #: 1225758	1179800 1446893 213947	9	

FG VER: (1.4) 4098:12202012/

1225758 / 4098