AFN #2013000037 Recorded 01/07/2013 at 01:59 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

	CHRISTOPHE ERIC CAUL		, also known as or	
doing business as:			+ 1	-A->
	SSN: <u>XXX-XX-7496</u>		DOB: <u>06/03/1972</u>	
Grantee or Creditor: The Department of Social and Health Services (DSHS).				
Legal Description:		Ç,		
Assessor's Property Tax Parcel Account Number:				
DSHS claims that t	he debtor named abo	ove owes past-d	ents and accrue to the ue child support. The 27 in SKAMANIA	e Division of Child
X All real and per	sonal property of the	debtor named a	above except Tribal T	rust property.
☐ Only the property described in the Legal Description section above.				
December 26, 2	012 J	R SHARP		, ,
Date		Authorized Represer		
(206) 341-7000		R SHARP		
Telephone Number	A	Person to Contact		
V			0000733179002	75872200000000262502
In reply, refer to: Case #: 733179	1091902			
733173	1001002		F	G VER: (1.4)

763:12262012/ 733179 / 763