AFN #2013001183 Recorded 05/30/2013 at 01:09 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:	PATRICK CAPERS			, also known as or
doing business as:	PATRICK S CAPE	RS	A 1	
	SSN: XXX-XX-034	4	DOB: <u>12/26/1992</u>	
Grantee or Credito	r: The Department	of Social and He	alth Services (DSHS)	
Legal Description:		Ç.		
Assessor's Propert	y Tax Parcel Accou	nt Number:		
DSHS claims that t		ove owes past-	ents and accrue to the due child support. The in SKAMANIA	e Division of Child
	rsonal property of the		above except Tribal T	rust property.
May 28, 2013	( )	D FALKNER		, ,
Date	<b>*</b>	Authorized Represe		
(360) 696-6100		D FALKNER		
Telephone Number	1	Person to Contact		*
In reply, refer to:	(		0002412373005	72424000000000042502
ropiy, roici to.				

Case #: 2412373

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 4356:05282013/ 2412373 / 4356