AFN #2015002033 Recorded 10/05/2015 at 02:16 PM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor Robert J. Waymire 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: BRUCE EUGENE PA | ATTON | | , also known as or |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------|---------------------|
| doing business as: | | | , |
| | \overline{N} | | , |
| SSN: XXX-XX-647 | 8 DOB: <u>02/27/1980</u> | _ FEIN: | |
| Grantee or Creditor: The Department | of Social and Health Serv | ices (DSHS). | - 1 |
| Legal Description: |), | C | 17 |
| Assessor's Property Tax Parcel Account | nt Number: | 1 | |
| Child support payments, not paid when claims that the debtor named above ow (DCS) files a lien in the amount of \$ 1, | ves past-due child suppor | rt. The Divisio | |
| All real and personal property of th | e debtor named above ex | cept Tribal Tr | ust property. |
| ☐ Only the property described in the | Legal Description section | above. | |
| September 28, 2015 DATE | P TAFF AUTHORIZED REPRESENTA DIVISION OF CHILD SUPPOR | | |
| (360) 696-6100 | P TAFF | | |
| TELEPHONE NUMBER | PERSON TO CONTACT | | |
| | | 00015328650045 | 7761300000000332502 |

FG VER: (1.8) 1316:09282015/ 1532865 / 1316

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 07/2012)

1532865

In reply, refer to case numbers: