AFN #2016001291 Recorded Jul 05, 2016 01:55 PM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 File Fee: \$0.00 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:	DEVAUNTE E	BATES		, also known as or
doing business as:	DEVAUNTE EA	ARL-JAREL BATES		
	DEVAUNTE BA	ATES		,
	SSN: XXX-XX	-2185 DOB: <u>3/1</u> 4	/1992 FEIN :	
Grantee or Credito	r: The Departn	nent of Social and H	ealth Services (DS	SHS).
Legal Description:),	_ <	27
Assessor's Propert	y Tax Parcel A	ccount Number:		
Child support paym claims that the deb (DCS) files a lien in	tor named abov	e owes past-due ch	nents and accrue tild support. The [inskamania	to the lien amount. DSHS Division of Child Support County on:
All real and per	sonal property	of the debtor named	above except Tri	bal Trust property.
☐ Only the prope	rty described in	the Legal Description	on section above.	
June 30, 2016 DATE		A WOODS AUTHORIZED REDIVISION OF CHI		
(509) 363-5000		A WOODS		
TELEPHONE NUMBER		PERSON TO CON	ITACT	
In reply, refer to case	se numbers:		00022550	890057770000000000152502

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