AFN #2017000758 Recorded Apr 13, 2017 12:27 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: SEAN LEE BATTEN | | , also known as or |
|---|--|---|
| doing business as: SEAN L BATTEN | | , |
| | | <u> </u> |
| SSN: <u>xxx-xx-596</u> 2 | DOB: <u>7/24/1982</u> FEIN: | |
| Grantee or Creditor: The Department of Social and Health Services (DSHS). | | |
| Legal Description: |) (| \sim |
| | |) , |
| Assessor's Property Tax Parcel Accoun | | |
| Child support payments, not paid when claims that the debtor named above ow (DCS) files a lien in the amount of \$ 16 | es past-due child support. The Divisio | lien amount. DSHS n of Child Support County on: |
| X All real and personal property of the | | ust property. |
| ☐ Only the property described in the L | egal Description section above. | |
| DATE | S CASKIN AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT | |
| (360) 664-6900 TELEPHONE NUMBER | S CASKIN PERSON TO CONTACT | |
| | 00020417130009 | 876980000000382502 |

In reply, refer to case numbers: 2041713 2107367 2480469 2238522

FG VER: (1.8) 1834:04112017/ 2041713 / 1834

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