AFN #2018000809 Recorded Apr 24, 2018 01:52 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

NOTICE AND STATEMENT OF LIEN

DSHS 09-282 (REV. 07/2012)

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

Notice and Statement of Lien

Grantor or Debtor: PATRICK M MCDON	NALD	_ , also known as or
doing business as:		
		-
SSN:xxx-xx-659	9 DOB: 11/25/1976 FEIN:	
Grantee or Creditor: The Department of Social and Health Services (DSHS).		
Legal Description:		
	√	1)
Assessor's Property Tax Parcel Account	nt Number:	
Child support payments, not paid when claims that the debtor named above ow (DCS) files a lien in the amount of \$ 7,	ves past-due child support. The Divi	
X All real and personal property of th	e debtor named above except Tribal	Trust property.
Only the property described in the	Legal Description section above.	
April 17, 2018	M JANSEN	
DATE	AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT	
(360) 696-6100 TELEPHONE NUMBER	M JANSEN PERSON TO CONTACT	
In reply, refer to case numbers: 2602607	00026026070	024214400000000132502

FG VER: (1.8) 1895:04172018/ 2602607 / 1895