AFN #2011178900 Recorded 08/22/2011 at 11:03 AM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor Timothy O. Todd Skamania

> 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:	ABRAM MICHAEL F	OREMAN	_, also known as or
doing business as:			,
		<u> </u>	,
	SSN: XXX-XX-9035	DOB: <u>07/29/1980</u>	
Grantee or Credito	r: The Department o	f Social and Health Services (DSHS)	
Legal Description:) (17
	ty Tax Parcel Accour		
DSHS claims that t	nents, not paid when the debtor named ab s a lien in the amoun	due, are judgments and accrue to the ove owes past-due child support. The tof\$ 1,325.00 in SKAMANIA	e Division of Child
All real and pe	rsonal property of the	e debtor named above except Tribal	Γrust property.
☐ Only the prope	erty described in the	Legal Description section above.	
August 17, 201	.1	C CAMMARATA	
Date		Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 664-6900)	C CAMMARATA	
Telephone Number		Person to Contact	
·	·	0002294192000	07821650000000012502

In reply, refer to: Case #: 2294192

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001)

FG VER: (1.4) 4614:08172011/ 2294192 / 4614