AFN #2011179073 Recorded 09/21/2011 at 11:20 AM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor Timothy O. Todd 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: doing business as:	STEVEN TYLER H	OHMAN , als	o known as or
	1		
• •	SSN: <u>xxx-xx-4</u> 51	DOB: 07/03/1983	
Grantee or Creditor	: The Department	of Social and Health Services (DSHS).	
Legal Description:	- //	# " · · · · · · · · · · · · · · · · · ·	
			7
Assessor's Property	/ Tax Parcel Accoun	ınt Number:	· · · · · · · · · · · · · · · · · · ·
DSHS claims that the	ne debtor named ab	n due, are judgments and accrue to the lien bove owes past-due child support. The Div nt of \$ 2,228.00 in SKAMANIA	
XI All real and pers	sonal property of the	e debtor named above except Tribal Trust	property.
_		Legal Description section above.	
September 17, 2	,	J MORGAN	
Date		Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 664-6900		J MORGAN	
Telephone Number		Person to Contact	
		0002221182005723192	0000000092502
In reply, refer to: Case #: 2221182	2303019 22837	770	

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 2920:09172011/ 2221182 / 2920