AFN #2012181974 Recorded 11/05/2012 at 03:54 PM 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: WILLIAM JACOB	BEACH	, also known as or
doing business as:		
***************************************		
SSN: <u>xxx-xx-426</u>	4 DOB: 01/25/1966	
Grantee or Creditor: The Department	of Social and Health Services (DSHS).	
Legal Description:		þ.
		-
		·
Assessor's Property Tax Parcel Accou	nt Number:	
Child support payments, not paid when	n due, are judgments and accrue to the	e <del>lien amount</del> .
DSHS claims that the debtor named all		
Support (DCS) files a lien in the amour	nt of \$ 5,950.52 in SKAMANIA	County on:
X All real and personal property of th	e debtor named above except Tribal T	rust property.
☐ Only the property described in the		
October 30, 2012		7
Date	J GROENNERT Authorized Representative	
Dute	DIVISION OF CHILD SUPPORT	
(253) 597-3700	J GROENNERT	
Telephone Number	Person to Contact	
In reply, refer to:	0002347625005	92673700000000022502
Case #: 2347625		

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 1739:10302012/ 2347625 / 1739