AFN #2013000373 Recorded 02/26/2013 at 02:11 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: JOSHU	A CALAB SAMS		, also known as or
doing business as:			
			
SSN:	XXX-XX-8795	DOB: <u>09/15/1982</u>	
Grantee or Creditor: The	Department of Social an	d Health Services (DSHS).	
Legal Description:	cS		
Assessor's Property Tax F	Parcel Account Number:		
DSHS claims that the deb Support (DCS) files a lien	tor named above owes p in the amount of \$ <u>1,5</u> 0	odgments and accrue to the past-due child support. The in SKAMANIA med above except Tribal T	Division of Child County on:
☐ Only the property des	cribed in the Legal Descr	ription section above.	
February 20, 2013 Date	M MCGUIR Authorized Re		<u> </u>
(253) 597-3700	M MCGUIR	E	
Telephone Number	Person to Cor	ntact	
		00023472530021	L5940700000000032502
In reply, refer to:			

2000 //.

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 2537:02202013/ 2347253 / 2537