AFN #2013001949 Recorded 09/03/2013 at 12:26 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

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

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

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: MARK F BI	DDISCOMBE		, also known as or
doing business as:			
		Y .	$\mathbf{P} \mathbf{A} \mathbf{A}$
SSN: <u>xxx-</u>	(X-7119	DOB: <u>11/20/1981</u>	
Grantee or Creditor: The Depa	rtment of Social and I	Health Services (DSHS)	
Legal Description:	c Si		
Assessor's Property Tax Parce	Account Number:		4 .
Child support payments, not pa DSHS claims that the debtor na Support (DCS) files a lien in the	amed above owes pas	st-due child support. The	Division of Child
All real and personal prope	rty of the debtor name	ed above except Tribal T	rust property.
☐ Only the property described			Nopelity.
August 26, 2013	J DEMICH		, -
Date	Authorized Repro		
(360) 696-6100	J DEMICH		
Telephone Number	Person to Conta	ct	
		0002239031005	75168500000000082502
In reply, refer to: Case #: 2239031 2466301			
Ouse m. 2233031 2400301		F	

FG VER: (1.4) 3520:08262013/ 2239031 / 3520