AFN #2013002472 Recorded 11/14/2013 at 01:12 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: DAVE SADISTIC | JUGGALO | , also known as or |
|---|--|--------------------------------------|
| doing business as: DAVID JR BARNI | HOUSE | $I \wedge I$ |
| *************************************** | T A | |
| SSN: <u>xxx-xx-60</u> | DOB: 09/05/19 | 83 . |
| Grantee or Creditor: The Department | of Social and Health Services (DSF | IS). |
| Legal Description: | | |
| Assessor's Property Tax Parcel Accou | unt Number: | |
| Child support payments, not paid whe DSHS claims that the debtor named a Support (DCS) files a lien in the amou | bove owes past-due child support. int of \$ 593.73 in SKAMAN | The Division of Child IA County on: |
| | ne debtor named above except Triba | al Trust property. |
| ☐ Only the property described in the | Legal Description section above. | |
| November 09, 2013 | D MIES | |
| Date | Authorized Representative DIVISION OF CHILD SUPPORT | |
| (360) 664-6900 | D MIES | |
| Telephone Number | Person to Contact | |
| | 0002273042 | 00167275800000000122502 |
| In reply, refer to: | | * · · |

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NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 471:11092013/ 2273042 / 471