AFN #2013002547 Recorded 11/25/2013 at 02:22 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: MICHA	VEL JOSEPH FABER		, also known as or
doing business as:			LAN
SSN:	XXX-XX-9287	DOB: <u>07/18/1975</u>	
Grantee or Creditor: The	Department of Social and	Health Services (DSHS	).
Legal Description:	e C		
Assessor's Property Tax F	Parcel Account Number:	V 1	4.
Child support payments, r DSHS claims that the deb Support (DCS) files a lien  All real and personal r	tor named above owes pa in the amount of \$ <u>2,61</u> 1	ast-due child support. Th	e Division of Child County on:
— Porcollar	property of the debtor nam cribed in the Legal Descrip	led above except Tribal 1 ption section above.	Trust property.
November 20, 2013 Date	K HAUGHT Authorized Rep DIVISION OF C	oresentative CHILD SUPPORT	7 -
(360) 696-6100 Telephone Number	K HAUGHT Person to Conta		
In reply, refer to: Case #: 2440516		0002440516006	07338900000000042502

FG VER: (1.4) 3531:11202013/ 2440516 / 3531