AFN #2014000099 Recorded 01/21/2014 at 09:19 AM 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: ROBERT A HOLM	ES , also known as or
doing business as:	
SSN: <u>xxx-xx-96</u>	DOB: <u>12/05/1973</u> .
Grantee or Creditor: The Departmen	t of Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Acco	unt Number:
Child support payments, not paid who DSHS claims that the debtor named a Support (DCS) files a lien in the amount	en due, are judgments and accrue to the lien amount.  above owes past-due child support. The Division of Child  unt of \$ 1,854.23 in SKAMANIA County on:
All real and personal property of t	he debtor named above except Tribal Trust property.
	e Legal Description section above.
January 13, 2014	T REED
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(509) 249-6000	T REED
Telephone Number	Person to Contact
In reply, refer to:	00024186170060396060000000012502 WW F WHI
Case #: 2418617	

FG VER: (1.4) 4853:01132014/ 2418617 / 4853