AFN #2014000539 Recorded 04/02/2014 at 10:32 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

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

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: ROBER	T MICHAEL ALLRED		, also known as or
doing business as:		- 4	LAN
			
SSN:	XX-XX-2649	DOB: <u>02/06/</u> 1988	8
Grantee or Creditor: The	Department of Social a	nd Health Services (DSHS	5).
Legal Description:		• [4]	•
•		~ N I	-
	- K./		
Assessor's Property Tax F	arcel Account Number	7 7	4.
Child support payments, n	ot paid when due, are j	judgments and accrue to th	ne lien amount.
DSHS claims that the deb	tor named above owes	past-due child support. Ti	he Division of Child
Support (DCS) files a lien	in the amount of $\frac{2}{4}$	198.08 in SKAMANI	
X All real and personal p	roperty of the debtor na	amed above except Tribal	Trust property.
	cribed in the Legal Desc		
March 26, 2014	N PETER;		, ,
Date Date		Representative	
		F CHILD SUPPORT	
(509) 363-5000	N PETER:		<u> </u>
Telephone Number	Person to Co	ontact	
In reply, refer to:		000226208500	0578786700000000122502

Case #: 2262085

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 1799:03262014/ 2262085 / 1799