AFN #2014000614 Recorded 04/21/2014 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

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: doing business as: | JUSTIN M GOMEZ | | , also known as or | |
|--|------------------------|-----------------------------------|------------------------|----------------------|
| doing business as. | | | - | |
| | SSN: <u>xxx-xx-523</u> | 33 | DOB: <u>09/09/1991</u> | |
| Grantee or Creditor: The Department of Social and Health Services (DSHS). | | | | |
| Legal Description: | | C. | | |
| Assessor's Property Tax Parcel Account Number: | | | | |
| Child support payments, not paid when due, are judgments and accrue to the lien amount. DSHS claims that the debtor named above owes past-due child support. The Division of Child Support (DCS) files a lien in the amount of \$ 650.50 in SKAMANIA County on: | | | | |
| All real and personal property of the debtor named above except Tribal Trust property. | | | | |
| Only the property described in the Legal Description section above. | | | | |
| April 15, 2014 | | M DILLARD | | 1 - |
| Date | 1 | Authorized Representation OF CHIL | | |
| (206) 341-7000 Telephone Number |) | M DILLARD Person to Contact | \leftarrow | |
| V | (| | 0002481466004 | 23864700000000012502 |
| In reply, refer to: Case #: 2481466 | 5 | | 7 | |
| | | | | G VER: (1.4) |

FG VER: (1.4) 3433:04152014/ 2481466 / 3433