AFN #2014000646 Recorded 04/24/2014 at 03:44 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:	ANTHONY HEILMAN	1	, also known as or
doing business as:			ZA.
			1/1
	SSN : <u>XXX-XX-752</u>	DOB: 06/25/1	983
Grantee or Credito	r: The Department o	of Social and Health Services (DS	HS).
Legal Description:			
Assessor's Propert	y Tax Parcel Accou	nt Number:	
DSHS claims that t	he debtor named at	due, are judgments and accrue to ove owes past-due child support. It of \$ 21,820.32 in SKAMA	The Division of Child
X All real and per	rsonal property of th	e debtor named above except Tri	bal Trust property.
☐ Only the prope	rty described in the	Legal Description section above.	
April 20, 2014		D ANDERSON	
Date	— »	Authorized Representative DIVISION OF CHILD SUPPORT	T
(425) 438-4800	- 1	D ANDERSON	
Telephone Number		Person to Contact	
		00024926	760027853480000000072502
In reply, refer to:			
Case #: 2492676	•		

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 2967:04202014/ 2492676 / 2967