AFN #2014000700 Recorded 05/05/2014 at 04:23 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: JOE LEON KIM	BLE , also known as or
doing business as:	
SSN: <u>xxx-xx-1</u>	.058 DOB: <u>09/28/1960</u> .
Grantee or Creditor: The Departme	ent of Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Acc	count Number:
Child support payments, not paid w DSHS claims that the debtor named Support (DCS) files a lien in the am	hen due, are judgments and accrue to the lien amount. I above owes past-due child support. The Division of Child ount of \$ 3,092.38 in SKAMANIA County on
	f the debtor named above except Tribal Trust property. he Legal Description section above.
<u>April 28, 2014</u> Date	M REQUA Authorized Representative DIVISION OF CHILD SUPPORT
(425) 438-4800	M REQUA
Telephone Number	Person to Contact
In reply, refer to: Case #: 2232270	

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 2362:04282014/ 2232270 / 2362