AFN #2014001081 Recorded 07/01/2014 at 11:44 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

NO HOL AI	ID OIAILIII	LIVI OI LILIV	70.
Grantor or Debtor: CLINTON WALKER	STEVENS		, also known as or
doing business as:			
· ·			
SSN: <u>xxx-xx-425</u>	5 <u>3</u>	DOB: <u>11/15/1984</u>	
Grantee or Creditor: The Department	of Social and Hea	lth Services (DSHS).	
Legal Description:	دنک	C)	
Assessor's Property Tax Parcel Accou	ınt Number:		
Child support payments, not paid whe DSHS claims that the debtor named a Support (DCS) files a lien in the amou	bove owes past-du	ue child support. The	Division of Child
X All real and personal property of the	ne debtor named a	bove except Tribal T	rust property.
☐ Only the property described in the	Legal Description	section above.	7 1
<u>June 23, 2014</u> Date	E BURLEY		, -
	Authorized Represen DIVISION OF CHILD		
(206) 341-7000	E BURLEY	<u> </u>	<u> </u>
Telephone Number	Person to Contact		*
In reply, refer to:		00024814830061	.360920000000032502
Case #: 2481483			
		FC	S VER: (1.4)

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001)

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