AFN #2014001105 Recorded 07/07/2014 at 02:10 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:	CRAIG D LEWIS	, also known as or
doing business as:		
	SSN: <u>XXX-XX-184</u>	DOB: 05/30/1961 .
Grantee or Credito	r: The Department	of Social and Health Services (DSHS).
Legal Description:	•	
Assessor's Propert	ty Tax Parcel Accou	nt 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		
		nt of \$ 28,264.87 in SKAMANIA County on:
All real and per	rsonal property of th	ne debtor named above except Tribal Trust property.
☐ Only the property described in the Legal Description section above.		
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July 01, 2014		A GLEBE
Date	7	Authorized Representative DIVISION OF CHILD SUPPORT
(206) 341-7000		A GLEBE
Telephone Number		Person to Contact
N 1) (
		00024054570060192000000000092502
In reply, refer to: Case #: 2405457	,	
∪ase #. ∠40545 /		

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

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