AFN #2014001120 Recorded 07/09/2014 at 04:08 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: | JOSHUA CALAB SAMS | , also known as or |
|--|---|------------------------|
| doing business as: | | (-A-1 |
| | | |
| | SSN: <u>xxx-xx-8795</u> DOB: <u>09/15/198</u> | |
| Grantee or Creditor: The Department of Social and Health Services (DSHS). | | |
| Legal Description: | | |
| Assessor's Property Tax Parcel Account Number: | | |
| DSHS claims that t | nents, not paid when due, are judgments and accrue to the debtor named above owes past-due child support. s a lien in the amount of \$ 1,671.00 in SKAMAN | The Division of Child |
| All real and personal property of the debtor named above except Tribal Trust property. | | |
| Only the property described in the Legal Description section above. | | |
| July 01, 2014 | S HUGGINS | |
| Date | Authorized Representative DIVISION OF CHILD SUPPORT | |
| (253) 597-3700 | S HUGGINS | |
| Telephone Number | Person to Contact | |
| V | 0002347255 | 0021594070000000032502 |
| In reply, refer to: | | |

Case #: 2347253

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 44:07012014/ 2347253 / 44