AFN #2014001150 Recorded 07/15/2014 at 01:56 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: CURT doing business as:	TIS LEWAINE ARMER SR	-+-(, also known as or
SSN	:XXX-XX-3956	DOB: 08/17/1984	
Grantee or Creditor: The Department of Social and Health Services (DSHS).			
Legal Description:	c S		
Assessor's Property Tax Parcel Account 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 Support (DCS) files a lien in the amount of \$ 1,329.99 in SKAMANIA County on:			
All real and personal property of the debtor named above except Tribal Trust property. Only the property described in the Legal Description section above.			
<u>July 07, 2014</u> Date	B HUTCHIN Authorized Rep		
Julio I		CHILD SUPPORT	
(360) 696-6100	B HUTCHIN		
Telephone Number	Person to Cont	act	*
In reply, refer to:		0002255119004	03555200000000132502
	51803 2313879		
			G VER: (1.4) 855:07072014/

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 4855:07072014/ 2255119 / 4855