AFN #2014001210 Recorded 07/28/2014 at 04:27 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:	SOMA JOHN TALLM	AN , also known as or
doing business as:		
	SSN: <u>xxx-xx-8383</u>	DOB: <u>11/17/1972</u> .
Grantee or Credito	r: The Department o	f Social and Health Services (DSHS).
Legal Description:		
Assessor's Propert	y Tax Parcel Accoun	t Number:
DSHS claims that t	nents, not paid when the debtor named abo s a lien in the amount	due, are judgments and accrue to the lien amount. ove owes past-due child support. The Division of Child of \$ 680.00 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.		
July 23, 2014		J DEMICH
Date		Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100		J DEMICH
In reply, refer to:) (Person to Contact 000226539700579335700000000112502
iii repiy, reler to:		

Case #: 2265397

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 3520:07232014/ 2265397 / 3520