AFN #2014001306 Recorded 08/11/2014 at 05:09 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: JUSTIN RAE HAL	L , also known as or
doing business as:	
SCNI-AAA AA	, DOB: 05 (10 (1005
SSN: <u>xxx-xx-617</u>	DOB: <u>05/10/1985</u> .
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Accou	int Number:
Child support payments, not paid when DSHS claims that the debtor named a Support (DCS) files a lien in the amount	n due, are judgments and accrue to the lien amount. bove owes past-due child support. The Division of Child nt of \$ 1,330.57 in SKAMANIA County on
All real and personal property of the	ne debtor named above except Tribal Trust property.
$\hfill \Box$ Only the property described in the	
August 02, 2014	K CASON
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100	K CASON
Telephone Number	Person to Contact
	000172394900267792200000000492502
In reply, refer to:	
Case #: 1723949 1976953	

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 4128:08022014/ 1723949 / 3357