AFN #2014001361 Recorded 08/18/2014 at 04:33 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: JAMES WILLIAM	CALLAHAN	, also known as or
doing business as:	-	
SSN: <u>xxx-xx-863</u>	DOB: 05/11/195	8
Grantee or Creditor: The Department of Social and Health Services (DSHS).		
Legal Description:		
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 \$ 2,038.35 in SKAMANTA 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.		
August 14, 2014	J ZIMMER	, ,
Date	Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100	J ZIMMER	
Telephone Number	Person to Contact	
	00024949270	061E661400000000000000000000000000000000
In reply, refer to:	00024949270	227202400000000012202

Case #: 2494927

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 9893:08142014/ 2494927 / 2632