AFN #2014001486 Recorded 09/03/2014 at 05:06 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

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

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: doing business as:	MATTHEW D MULLICAN		, also known as or	
doing business as.			\rightarrow	
	SSN: <u>xxx-xx-84</u> 0	04 D0	OB: <u>07/27/1978</u>	
Grantee or Creditor: The Department of Social and Health Services (DSHS).				
Legal Description:		دنى		•
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 \$ 2,422.07 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.				
August 21, 201	4	A SEHL		1 -
Date	7 7	Authorized Representat DIVISION OF CHILD SI		
(360) 696-6100 Telephone Number		A SEHL		<u> </u>
In reply, refer to:		Person to Contact	0002004167005	28216000000000112502
Case #: 2004167			Fr	G VER: (1.4)
				,

FG VER: (1.4) 9893:08212014/ 2004167 / 4401