AFN #2014001640 Recorded 09/29/2014 at 03:40 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: JESSE JAMES H	UBBELL , also known as or
doing business as:	
SSN: xxx-xx-47	O3 DOB: 04/26/1986 .
Grantee or Creditor: The Departmen	t of Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Acco	ount Number:
Child support payments, not paid who DSHS claims that the debtor named Support (DCS) files a lien in the amo	en due, are judgments and accrue to the lien amount. above owes past-due child support. The Division of Child unt of \$ 3,871.69 in SKAMANIA County on
_	the debtor named above except Tribal Trust property. e Legal Description section above.
September 22, 2014 Date	M JOHNSON Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100 Telephone Number	M JOHNSON Person to Contact
In reply, refer to:	00019873570014375940000000112502
Case #: 1987357 2395398 2069	0019 2251725

FG VER: (1.4) 4879:09222014/ 1987357 / 4879