AFN #2014001674 Recorded 10/06/2014 at 11:32 AM 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: LEROY D MAAS:	, also known as or
doing business as:	
SSN:xxx-xx-3	, BOG DOB: 10/07/1991 .
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 \$ 4,426.00 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.	
October 01, 2014	J RAMIREZ
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(509) 249-6000	J RAMIREZ
Telephone Number	Person to Contact
	000236031200547225200000000202502
In reply, refer to: Case #: 2360312 2496587 243	2940

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

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