AFN #2014001760 Recorded 10/14/2014 at 11:49 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: CODY D CLARK		, also known as or
doing business as:		
•		
SSN: <u>xxx-xx-694</u>	DOB: 12/09/1982	
Grantee or Creditor: The Department of Social and Health Services (DSHS).		
Legal Description:		
Assessor's Property Tax Parcel Accou	nt Number:	
	n due, are judgments and accrue to the bove owes past-due child support. The in SKAMANIA	Division of Child
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 06, 2014	C MOORE	
Date	Authorized Representative DIVISION OF CHILD SUPPORT	
(253) 597-3700	C MOORE	*
Telephone Number	Person to Contact	
In reply, refer to: Case #: 2256999	00022269990055	310360000000020202 ···· iii eiii

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 947:10062014/ 2256999 / 947