AFN #2014001930 Recorded 11/10/2014 at 03:08 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: RYAN PAUL BROW	N , also known as or
doing business as:	
	,
SSN: <u>xxx-xx-927</u>	DOB: 08/10/1992 .
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 lien amount. bove owes past-due child support. The Division of Child int of \$ 3,007.74 in SKAMANIA County on:
All real and personal property of the	ne debtor named above except Tribal Trust property.
Only the property described in the	
November 04, 2014	J DEMICH
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100	J DEMICH
Telephone Number	Person to Contact
	00024926530061578630000000042502
In reply, refer to:	
Case #: 2492653	
	EG VER: (1.4)

MOTICE AND STATEMENT OF LIEN

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

FG VER: (1.4) 3520:11042014/ 2492653 / 3520