AFN #2014001968 Recorded 11/17/2014 at 04:44 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:	WESLEY A SIZEM	ORE , also known	as or
doing business as:			
	***		,
	SSN: xxx-xx-039	6 DOB: 12/31/1976	<u> </u>
Grantee or Credito	r: The Department	of Social and Health Services (DSHS).	
Legal Description:			
Assessor's Proper	ty Tax Parcel Accou	nt Number:	
DSHS claims that t	the debtor named al	n due, are judgments and accrue to the lien amount. Dove owes past-due child support. The Division of Cont of \$\frac{13,705.55}{} in SKAMANIA CO	Child unty on:
_		e debtor named above except Tribal Trust property. Legal Description section above.	•
November 12, 2	014	P TAFF	-
Date	* *	Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100		P TAFF	
Telephone Number		Person to Contact	
	'	00018151290025436310000000482	2502
In reply, refer to:			

Case #: 1816129

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 1316:11122014/ 1816129 / 1316