AFN #2014002110 Recorded 12/08/2014 at 02:53 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: DAI	NIEL B HOLM	B HOLM	
doing business as:		/	, also known as or ,
SS	N: <u>xxx-xx-3879</u>	DOB: <u>04/27/1965</u>	
Grantee or Creditor: T	he Department of Social and	d Health Services (DSHS).	
Legal Description:			•
Assessor's Property Ta	ax Parcel Account Number:		4.
DSHS claims that the c Support (DCS) files a I	s, not paid when due, are jud debtor named above owes pa ien in the amount of \$ 110, al property of the debtor nam described in the Legal Descri	ast-due child support. The 470.35 in SKAMANIA med above except Tribal Tr	Division of Child County on:
December 04, 2014	S WINBORN	NE	, ,
Date	Authorized Re DIVISION OF	presentative CHILD SUPPORT	
(360) 696-6100 Telephone Number	S WINBORN Person to Con		
		00015629160046	3354900000000012502
In reply, refer to:		_	

Case #: 1562916

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 4229:12042014/ 1562916 / 4229