AFN #2014002315 Recorded 12/29/2014 at 03:16 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

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

## STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

## NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: doing business as:	MICHAEL TOLLIE WHITE		, also known as or	
<b>J</b>				
	SSN: <u>xxx-xx-725</u>	6[	OOB: <u>10/22/1984</u>	
Grantee or Creditor: The Department of Social and Health Services (DSHS).				
Legal Description:		دنى		•
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 \$ 2,904.68 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.				
December 22, 2		E YITREF		, ,
Date	<u>_</u>	Authorized Represent DIVISION OF CHILD		
(206) 341-7000		E YITREF		
In reply, refer to:	. (	Person to Contact	00024353570032	23827700000000092502
Case #: 2435357	,			2155 (4.4)
			FC	G VER: (1.4)

FG VER: (1.4) 869:12222014/ 2435357 / 869