AFN #2014002316 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

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

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: KENNETH R LAR	SON , also known as or
doing business as:	\
SSN: <u>xxx-xx-38</u>	DOB: 05/09/1960 .
Grantee or Creditor: The Departmen	t of Social and Health Services (DSHS).
Legal Description:	
	~C\\
Assessor's Property Tax Parcel Acco	unt Number:
	en due, are judgments and accrue to the lien amount. above owes past-due child support. The Division of Child unt of \$ 8,152.76 in SKAMANIA County on
_	the debtor named above except Tribal Trust property.
Only the property described in the	e Legal Description section above.
December 22, 2014	K GREENLEAF
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(425) 438-4800	K GREENLEAF
Telephone Number	Person to Contact
In reply, refer to: Case #: 2262267	332202237037681175000000032302

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 3448:12222014/ 2262267 / 3448