AFN #2014002319 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:	WAYLON JOE JOHNSON		, also known as or	
doing business as:	-			
	SSN: <u>xxx-xx-362</u>	J DOB	3: <u>11/13/1983</u>	
Grantee or Credito	r: The Department	of Social and Health S	ervices (DSHS).	
Legal Description:			O,	•
Assessor's Proper	ty Tax Parcel Accou	nt Number:	<u></u>	
DSHS claims that	the debtor named at	n due, are judgments a pove owes past-due ch nt of \$ 17,248.10	nild support. The	Division of Child
_		e debtor named above Legal Description sect		rust property.
December 20, 2	2014	S WINBORNE Authorized Representative DIVISION OF CHILD SUP		/
(360) 696-6100)	S WINBORNE		
In reply refer to:)	Person to Contact	0001941358005;	27447100000000162502
III LEDIV TEIEC IO.				

Case #: 1941358

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 4229:12202014/ 1941358 / 4229