AFN #2015000042 Recorded 01/12/2015 at 01:53 PM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor Robert J. Waymire 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: CHAD J MCINR	OY	, also known as or
doing business as:	+	$\neg A$
SSN:xxx-xx-1	.320 DOB: <u>07/18</u>	/1971
Grantee or Creditor: The Departme	ent of Social and Health Services (DSHS).
Legal Description:	1123	
Assessor's Property Tax Parcel Acc	count Number:	4 .
Child support payments, not paid w DSHS claims that the debtor named Support (DCS) files a lien in the am	l above owes past-due child supp	ue to the lien amount. ort. The Division of Child MANIA County on:
	f the debtor named above except he Legal Description section abov	
January 05, 2015 Date	A WELDON Authorized Representative DIVISION OF CHILD SUPPORT	<u> </u>
(360) 696-6100	A WELDON	
In reply, refer to:	Person to Contact	52472100619982600000000022502

Case #: 2524721

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 4302:01052015/ 2524721 / 4302