AFN #2015000288 Recorded 02/23/2015 at 01:45 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: doing business as:	JAMES ALAN WIN	ANS		, also known as or
•				
	SSN: <u>xxx-xx-083</u>	9	DOB: <u>01/21/1970</u>	
Grantee or Credito	r: The Department	of Social and He	alth Services (DSHS)	
Legal Description:		نک		•
Assessor's Propert	y Tax Parcel Accou	nt Number:		
DSHS claims that t	-	ove owes past-	ents and accrue to the due child support. The o in SKAMANIA	e Division of Child
X All real and per	sonal property of th	e debtor named	above except Tribal T	rust property.
☐ Only the prope	rty described in the	Legal Descriptio	n section above.	7
February 17, 2 Date	015	B PICARD Authorized Represe		<del></del>
(206) 341-7000		B PICARD	Joon Tok.	
Telephone Number		Person to Contact		
V	' (		0002469828006	11888000000000092502
In reply, refer to: Case #: 2469828				

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 673:02172015/ 2469828 / 673