AFN #2015000346 Recorded 03/04/2015 at 04:25 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:	ANTHONY WAYNE MCCORD JR		, also known as or
doing business as:			
			<u> </u>
	SSN: <u>xxx-xx-8573</u>	DOB: <u>12/06/1984</u>	
Grantee or Creditor	: The Department of Social and	d Health Services (DSHS)).
Legal Description:	c S		
Assessor's Property Tax Parcel Account Number:			
DSHS claims that the	ents, not paid when due, are jud ne debtor named above owes pa a lien in the amount of \$ 571.	ast-due child support. Th	e Division of Child
_	sonal property of the debtor nar ty described in the Legal Descr		Trust property.
March 01, 2015 Date	H MANU Authorized Re	presentative CHILD SUPPORT	
(509) 249-6000 Telephone Number	H MANU		<u> </u>
In reply, refer to:	Person to Con	000252442300e	501566300000000012502

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

Case #: 2524423 2399270

FG VER: (1.4) 3185:03012015/ 2524423 / 1035