AFN #2015000497 Recorded 03/23/2015 at 03:46 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: COREY ALLEN RE	ECE , also known as or
doing business as: COREY REECE	
<b>SSN</b> : <u>xxx-xx-517</u>	DOB: 10/10/1977 .
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:	47
Assessor's Property Tax Parcel Accou	int Number:
	n due, are judgments and accrue to the lien amount. bove owes past-due child support. The Division of Child nt of \$ 67,492.24 in SKAMANIA County on:
X All real and personal property of the	ne debtor named above except Tribal Trust property.
Only the property described in the	
March 16, 2015	J HANNA
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(360) 664-6900	J HANNA
Telephone Number	Person to Contact
	000137066700172044700000001242502
In reply, refer to:	
Case #: 1370667 1431132 18923	
	FG VER: (1.4) 4172:03162015/
NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001)	1370667 / 4172