AFN #2015000574 Recorded 04/06/2015 at 01:09 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:	CRAIG SHAWN COMB	ELIC		, also known as or
doing business as:	CRAIG SHAWN CARA	WAY	<u> </u>	
			Y	
	SSN: XXX-XX-5159	DOB: <u>05/30/1960</u>	_ FEIN:	
Grantee or Credito	r: The Department of	Social and Health Sen	vices (DSHS).	
Legal Description:			ر)	
Assessor's Propert	y Tax Parcel Account	Number:		4.
claims that the deb (DCS) files a lien in	tor named above owe the amount of \$ <u>7,3</u>		rt. The Divisio	n of Child Support County on:
_		debtor named above ex		ust property.
☐ Only the prope	rty described in the Le	gal Description section	above.	
March 30, 2015		VAN ARNAM		
DATE		UTHORIZED REPRÉSENTA IVISION OF CHILD SUPPOR		
(509) 886-6800 TELEPHONE NUMBER		VAN ARNAM ERSON TO CONTACT	-	<u> </u>
In reply, refer to cas 863014	se numbers:		000086301400286	466100000000482502

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 07/2012) FG VER: (1.6) 2761:03302015/ 863014 / 2761