AFN #2015001718 Recorded 08/17/2015 at 04:18 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: 1	'HOMAS R JACOBS			, also known as or
doing business as: _			<u> </u>	_A_3
_				
	SSN: XXX-XX-4893	DOB: <u>08/22/1989</u>	FEIN:	
Grantee or Creditor:	The Department of	Social and Health Serv	ices (DSHS).	
Legal Description:			ر ال	
Assessor's Property	Tax Parcel Account	Number:		16
claims that the debto	or named above owes	ue, are judgments and s past-due child suppor 37 00 in SKAMA	t. The Division	lien amount. DSHS n of Child Support County on:
All real and pers	onal property of the o	debtor named above ex	cent Tribal Tr	
All real and personal property of the debtor named above except Tribal Trust property. Only the property described in the Legal Description section above.				
		gai Description section	above.	3 /
August 10, 2015 DATE		WHITE		
DATE		JTHORIZED REPRESENTA VISION OF CHILD SUPPOR		
(360) 696-6100 TELEPHONE NUMBER In reply, refer to cas 2573368		WHITE ERSON TO CONTACT	.)_`	
	e numbers:		000257336800415	7737100000000052502

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 07/2012) FG VER: (1.8) 1579:08102015/ 2573368 / 1579