AFN #2015002136 Recorded Oct 20, 2015 12:17 PM DocType: CHILD Filed by: Page: 1 of 1 File Fee: \$0.00 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: CO	REY MICHAEL I	HELYER		, also known as or
doing business as:				,
		A. P .	<u> </u>	<u> </u>
SS	S <b>N</b> : <u>XXX-XX-967</u>	7_ DOB: <u>09/06/19</u>	70 FEIN:	
Grantee or Creditor: 1	The Department	of Social and Health	Services (DSHS).	_ //
Legal Description:	$\sim$ (	),	<b>(</b> C	3
Assessor's Property T	ax Parcel Accou	nt Number:		
Child support paymen claims that the debtor (DCS) files a lien in the	named above ov	es past-due child su		
X All real and person	nal property of th	e debtor named abor	ve except Tribal Tru	ust property.
☐ Only the property	described in the	Legal Description se	ction above.	
October 12, 2015 DATE		M MCCONNELL AUTHORIZED REPRES DIVISION OF CHILD SU		
(360) 696-6100		M MCCONNELL		
TELEPHONE NUMBER		PERSON TO CONTACT	•	

FG VER: (1.8)

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 07/2012)

In reply, refer to case numbers: 1434862 2278719 2163802

> FG VER: (1.8) 270:10122015/ 1434862 / 270