AFN #2016000482 Recorded Mar 14, 2016 04:35 PM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES 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: JOSHUA DON NEAR	RΥ	<u> </u>	, also known as or
doing business as:			,
	A. /		<u> </u>
SSN: xxx-xx-673	4 DOB: 3/28/19	83 FEIN:	
Grantee or Creditor: The Department of Social and Health Services (DSHS).			
Legal Description:	),	~C	
Assessor's Property Tax Parcel Accou	nt Number:	$\Delta \lambda \lambda$	· .
Child support payments, not paid wher claims that the debtor named above ov (DCS) files a lien in the amount of \$ 1,	ves past-due child s	s and accrue to the l support. The Division SKAMANIA	lien amount. DSHS n of Child Support County on:
All real and personal property of the debtor named above except Tribal Trust property.			
Only the property described in the	Legal Description s	ection above.	
March 09, 2016  DATE	A SPANGLER AUTHORIZED REPREDIVISION OF CHILD S		
(509) 363-5000 TELEPHONE NUMBER	A SPANGLER PERSON TO CONTAC	OT .	

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In reply, refer to case numbers: 2608019

> FG VER: (1.8) 1828:03092016/ 2608019 / 1828