AFN #2016001840 Recorded Sep 06, 2016 01:16 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: MICHAEL ALIFF	4 1/4 1/4 1/4		, also known as or
doing business as: MIKE D ALIFF			,
			4
SSN:	DOB: 12/6/1967	_ FEIN:	
Grantee or Creditor: The Department of Social and Health Services (DSHS).			
Legal Description:), 〔	1	17
Assessor's Property Tax Parcel Account	nt Number:	3.3	
Child support payments, not paid when claims that the debtor named above ow (DCS) files a lien in the amount of \$ 2,	ves past-due child suppo	rt. The Divisio	
All real and personal property of the		xcept Tribal Tr	- ·
☐ Only the property described in the	Legal Description section	above.	
August 29, 2016 DATE	V DESROCHERS AUTHORIZED REPRESENTA DIVISION OF CHILD SUPPO		
(425) 438-4800 TELEPHONE NUMBER	V DESROCHERS PERSON TO CONTACT		

In reply, refer to case numbers: 2138423

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