AFN #2016001888 Recorded Sep 12, 2016 03:43 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: TYLER JACOB JOS	HNSON , als	so known as or
doing business as:		,
		,
SSN: <u>xxx-xx-106</u>	9 DOB: 9/25/1982 FEIN:	
Grantee or Creditor: The Department	of Social and Health Services (DSHS).	
Legal Description:	), (	3
Assessor's Property Tax Parcel Accou		
Child support payments, not paid wher claims that the debtor named above ov (DCS) files a lien in the amount of \$ 9	n due, are judgments and accrue to the lien wes past-due child support. The Division of , 050.00 in SKAMANIA C	amount. DSHS f Child Support ounty on:
All real and personal property of the	ne debtor named above except Tribal Trust	property.
Only the property described in the	Legal Description section above.	
September 06, 2016  DATE	T TSATULTSANG AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT	
(425) 438-4800 TELEPHONE NUMBER	T TSATULTSANG PERSON TO CONTACT	

000254018200622268600000000012502

In reply, refer to case numbers: 2540182

FG VER: (1.8) 3977:09062016/ 2540182 / 3977

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