AFN #2016002125 Recorded Oct 11, 2016 12:21 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: MARK A MCC	ANN		, also known as or
doing business as:			 ,
			4 ,
SSN: <u>xxx-x</u>	C-2050 DOB: 7/4/1959	FEIN:	
Grantee or Creditor: The Depart	ment of Social and Health Se	rvices (DSHS)	
Legal Description:	O,	<b>C</b>	13
Assessor's Property Tax Parcel	Account Number:		
Child support payments, not paid claims that the debtor named ab (DCS) files a lien in the amount of	ove owes past-due child supp	ort. The Divis	
X All real and personal propert	y of the debtor named above	except Tribal	Γrust property.
☐ Only the property described	in the Legal Description section	on above.	
October 04, 2016  DATE	P WARD  AUTHORIZED REPRESENT DIVISION OF CHILD SUPPO		
(253) 597-3700 TELEPHONE NUMBER	P WARD PERSON TO CONTACT		
In reply, refer to case numbers:		0002078187005	4926390000000062502

FG VER: (1.8) 2789:10042016/ 2078187 / 2789

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