AFN #2016002454 Recorded Nov 21, 2016 02:00 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: SHAWN E SPRAGU	E		, also known as or
doing business as:			,
	v < v		
SSN: <u>xxx-xx-989</u>	6 DOB: 5/25/1978	FEIN:	
Grantee or Creditor: The Department	of Social and Health Serv	ices (DSHS).	- 1
Legal Description:	)`	<b>C</b>	3
Assessor's Property Tax Parcel Accou	nt Number:	1/2	
Child support payments, not paid wher claims that the debtor named above or			
(DCS) files a lien in the amount of \$ 6	,797.55 in <u>skama</u>	NIA	County on:
X All real and personal property of the	e debtor named above ex	cept Tribal Tr	ust property.
☐ Only the property described in the			
November 17, 2016  DATE	L FONTENOT AUTHORIZED REPRESENTA DIVISION OF CHILD SUPPOR		
(360) 696-6100 TELEPHONE NUMBER	L FONTENOT PERSON TO CONTACT		
	110 11		84 0   000 0 00 0 10 0 10 0   10 10 10 10 10 10 10 10 10 10 10 10 10

In reply, refer to case numbers: 1616010 2306141 2185555 2263252



FG VER: (1.8) 578:11172016/ 1616010 / 578

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