AFN #2016002643 Recorded Dec 14, 2016 08:38 AM 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: JAMES RAYMOND	BAILEY	, also known as or
doing business as:		-
SSN: xxx-xx-897	76 DOB: 9/18/1974 FEIN:	
Grantee or Creditor: The Department of Social and Health Services (DSHS).		
Legal Description:)`	\sim
Assessor's Property Tax Parcel Accou	ınt Number:) '
Child support payments, not paid when claims that the debtor named above of (DCS) files a lien in the amount of \$ 4	wes past-due child support. The Divisi	
All real and personal property of the	ne debtor named above except Tribal T	rust property.
Only the property described in the	Legal Description section above.	
December 07, 2016 DATE	AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT	
(360) 696-6100 TELEPHONE NUMBER	J BURKHEAD PERSON TO CONTACT	

In reply, refer to case numbers: 1825419 2033781

FG VER: (1.8) 1747:12072016/ 1825419 / 1747

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