AFN #2017000069 Recorded Jan 11, 2017 12:45 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 J WISE	CARVER JR		, also known as or
doing business as:			,
	X Y Y		,
SSN: xxx-xx-616	1 DOB: 3/10/1982	_ FEIN:	
Grantee or Creditor: The Department	of Social and Health Serv	ices (DSHS).	<u> </u>
Legal Description:),	2	
Assessor's Property Tax Parcel Accou	nt Number:		
Child support payments, not paid wher claims that the debtor named above of (DCS) files a lien in the amount of \$ 8	wes past-due child suppor	t. The Division	
All real and personal property of the	e debtor named above ex	cept Tribal Ti	rust property.
☐ Only the property described in the	Legal Description section	above.	
January 05, 2017 DATE	M LOPER AUTHORIZED REPRESENTA DIVISION OF CHILD SUPPOR		
(360) 696-6100	M LOPER		
TELEPHONE NUMBER	PERSON TO CONTACT		
		00018544880013	11895800000000462502

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

1854488 2366959

In reply, refer to case numbers:

FG VER: (1.8) 3592:01052017/ 1854488 / 3592