AFN #2017000964 Recorded May 15, 2017 01:36 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: COREY MICHAEL H	ELYER .	, also known as or
doing business as:		
	X 7 7	,
SSN:xxx-xx-967	7_DOB: <u>9/6/1970</u> F	EIN:
Grantee or Creditor: The Department of Social and Health Services (DSHS).		
Legal Description:	7 7	
Assessor's Property Tax Parcel Account Number:		
Child support payments, not paid when due, are judgments and accrue to the lien amount. DSHS claims that the debtor named above owes past-due child support. The Division of Child Support (DCS) files a lien in the amount of \$ 32,252.30 in SKAMANIA County on:		
All real and personal property of the	e debtor named above exce	pt Tribal Trust property.
Only the property described in the Legal Description section above.		
May 08, 2017 DATE	M MCCONNELL AUTHORIZED REPRESENTATION OF CHILD SUPPORT	/E
(360) 696-6100 TELEPHONE NUMBER	M MCCONNELL PERSON TO CONTACT	
		00014349620043892050000000422502

In reply, refer to case numbers: 1434862 2278719 2163802

EQ.VED: (1.8)

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

FG VER: (1.8) 270:05082017/ 1434862 / 270