AFN #2017001827 Recorded Aug 29, 2017 08:11 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

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

## STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

## Notice and Statement of Lien

Grantor or Debtor:	TAMARA G FREEM	IAN		, also known as or
doing business as:	TAMARA G LSEEM	IAN .		
	TAMARA GAIL FR	REEMAN		
	SSN: XXX-XX-858	88 DOB: <u>4/</u> 8	3/1976 FEIN: _	
Grantee or Creditor	The Department	of Social and	Health Services (DSF	·lS).
Legal Description:		1.7	اد الاختراك المستا	
	$\bigcirc$	J		$\mathcal{I}$
Assessor's Property Tax Parcel Account Number:				
Child support paym claims that the deb (DCS) files a lien in	tor named above o	wes past-due	gments and accrue to child support. The Di in SKAMANIA	the lien amount. DSHS vision of Child Support County on:
	_			<del></del>
All real and personal property of the debtor named above except Tribal Trust property.  Only the property described in the Legal Description section above.				
☐ Only the prope	rty described in the	Legal Descrip	ition section above.	
August 22, 201	.7	V CAMPBEL	L	
DATE		,	REPRESENTATIVE HILD SUPPORT	
(253) 597-3700	,	V CAMPBEL	<u> </u>	
TELEPHONE NUMBER	<u> </u>	PERSON TO C	ONTACT	
			000067112	7003657753000000050350
In reply, refer to ca 2671427	se numbers:		00026/142	,,00303,,7030000000000002302
				FG VER: (1.8)
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