AFN #2017001968 Recorded Sep 18, 2017 04:24 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: JEFFREY GI	LEN LEYDA		, also known as or
doing business as:		7-	,
	- A. I		
SSN: <u>xxx-x</u>	x-9847 DOB: <u>6/2</u> 6	/1983 FEIN:	
Grantee or Creditor: The Depar Legal Description:	tment of Social and H	ealth Services (DSHS	3).
Legal Description.	O	_<	77
Assessor's Property Tax Parcel	Account Number:		
Child support payments, not pai claims that the debtor named ab (DCS) files a lien in the amount	ove owes past-due ch		
X All real and personal proper	ty of the debtor named	d above except Tribal	Trust property.
☐ Only the property described	in the Legal Descripti	on section above.	
September 12, 2017	T HANKE		
DATE	AUTHORIZED RE DIVISION OF CHI		
(360) 696-6100	T HANKE		
TELEPHONE NUMBER	PERSON TO CO	NTACT -	
In reply, refer to case numbers:	٠	NIIII 00024152110	0220974200000000422502
2/15211 2536136			

FG VER: (1.8) 3939:09122017/ 2415211 / 3939

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