AFN #2017001969 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

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: JACOB ZACHARIAH	sams , also known as or
doing business as: JACOB SAMS	
SSN: <u>xxx-xx-8536</u>	DOB: 12/17/1980 FEIN:
Grantee or Creditor: The Department of Social and Health Services (DSHS).	
Legal Description:), (0)
Assessor's Property Tax Parcel Accoun	t Number:
	due, are judgments and accrue to the lien amount. DSHS es past-due child support. The Division of Child Support in SKAMANIA County on:
f X All real and personal property of the	debtor named above except Tribal Trust property.
Only the property described in the L	egal Description section above.
September 12, 2017	J KELLEY
=· ·· =	AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT
(800) 030 020	J KELLEY PERSON TO CONTACT
In reply, refer to case numbers: 2659041	00026590410064044840000000032502

FG VER: (1.8) 1017:09122017/ 2659041 / 1017