AFN #2018000145 Recorded Jan 22, 2018 02:24 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: THOMAS M OIUM	, also known as or
doing business as:	
	,
-SSN:xxx-xx-0952	2_ DOB: 9/14/1986FEIN:
Grantee or Creditor: The Department of Social and Health Services (DSHS).	
Legal Description:	
Assessor's Property Tax Parcel Accoun	nt Number:
Child support payments, not paid when claims that the debtor named above ow (DCS) files a lien in the amount of \$ 13	due, are judgments and accrue to the lien amount. DSHS res past-due child support. The Division of Child Support 4.07 in SKAMANIA County on:
X All real and personal property of the	e debtor named above except Tribal Trust property.
☐ Only the property described in the	Legal Description section above.
January 18, 2018 DATE	J EASTMAN AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT
(509) 363-5000 TELEPHONE NUMBER	J EASTMAN PERSON TO CONTACT
In reply, refer to case numbers:	00027136770016608380000000012502

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