AFN #2018000529 Recorded Mar 19, 2018 01:44 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

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: SAMMANTHA LEE I	LEWIS	, also known as or
doing business as:		
SSN: xxx-xx-506	5 DOB: 5/3/1987 FEIN:	
Grantee or Creditor: The Department	of Social and Health Services (DSHS)
Legal Description:		
Assessor's Property Tax Parcel Account	nt Number:))
Child support payments, not paid when claims that the debtor named above ov (DCS) files a lien in the amount of \$ 3.	n due, are judgments and accrue to the diversity of the Divi	ne lien amount. DSHS sion of Child Support County on:
All real and personal property of th□ Only the property described in the		Trust property.
March 15, 2018 DATE	M WILLIAMSON AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT	
(206) 341-7000 TELEPHONE NUMBER	M WILLIAMSON PERSON TO CONTACT	
In reply, refer to case numbers: 2718390	00027183900	015420440000000082502
NOTICE AND STATEMENT OF LIEN		FG VER: (1.8) 723:03152018/ 2718390 / 723