AFN #2018000915 Recorded May 07, 2018 11:34 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

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

## Notice and Statement of Lien

Grantor or Debtor: LESTER J C NEW	LL	, also known as or
doing business as:		. ,
		, , ^
SSN: xxx-xx-862	L DOB: <u>5/10/1959</u> FEIN:	
Grantee or Creditor: The Department of	of Social and Health Services (DSHS).	
Legal Description:		·
		) )
Assessor's Property Tax Parcel Accour	nt Number:	<u> </u>
Child support payments, not paid when claims that the debtor named above ow (DCS) files a lien in the amount of \$ 83  All real and personal property of the Only the property described in the	res past-due child support. The Divisio 0.22 in SKAMANIA e debtor named above except Tribal Tr	of Child Support County on:
May 03, 2018	D LOMAN	
DATE	AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT	
(509) 363-5000	D LOMAN	
TELEPHONE NUMBER	PERSON TO CONTACT	
In reply, refer to case numbers: 2262419	00022624190022	5411000000000102502

FG VER: (1.8) 780:05032018/ 2262419 / 780

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