AFN #2018001229 Recorded Jun 14, 2018 01:02 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: BRANDON D WELLS | | , also known as or |
|--|---|--|
| doing business as: | | ······································ |
| | | |
| SSN: <u>xxx-xx-5089</u> | DOB: <u>2/27/1981</u> FEIN: | |
| Grantee or Creditor: The Department of S | Social and Health Services (DSF | IS). |
| Legal Description: | وياس برسال | |
| | |)) |
| Assessor's Property Tax Parcel Account N | Number: | |
| Child support payments, not paid when duclaims that the debtor named above owes (DCS) files a lien in the amount of \$ 9,21 All real and personal property of the descriptions. | past-due child support. The Di .5.30 in SKAMANIA | vision of Child Support County on: |
| Only the property described in the Leg | , r | ar made proporty. |
| DATE AU | THORDARSON JTHORIZED REPRESENTATIVE VISION OF CHILD SUPPORT | |
| (206) 341-7000 <u>S</u> TELEPHONE NUMBER PE | THORDARSON ERSON TO CONTACT | |
| in reply, refer to case numbers: 2682875 | 000268287 | 500644064400000000042502 |

FG VER: (1.8) 2054:06112018/ 2682875 / 2054

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