AFN #2018001288 Recorded Jun 25, 2018 01:31 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: ANTHONY REAVY	, also known as or
doing business as: ANTHONY J REAV	
SSN: xxx-xx-085	2 DOB: 8/21/1984 FEIN:
Grantee or Creditor: The Department of Social and Health Services (DSHS).	
Legal Description:	
4 4 7	
Assessor's Property Tax Parcel Account	
Child support payments, not paid when due, are judgments and accrue to the lien amount. DSHS claims that the debtor named above owes past-due child support. The Division of Child Support (DCS) files a lien in the amount of \$4,388.00 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.	
June 19, 2018	J KELLEY
DATE	AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT
(360) 696-6100	J KELLEY
TELEPHONE NUMBER	PERSON TO CONTACT
In reply, refer to case numbers: 2471800	00024718000061217620000000092502

FG VER: (1.8) 1017:06192018/ 2471800 / 1017

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