AFN #2018002386 Recorded Dec 03, 2018 12:58 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: RYAN DAVID ROBE	, also known as or
doing business as:	
, <u> </u>	
SSN: XXX-XX-945	5_ DOB: 6/3/1978FEIN:
Grantee or Creditor: The Department of	of Social and Health Services (DSHS).
Legal Description:	
	(0)
Assessor's Property Tax Parcel Account	nt Number:
	due, are judgments and accrue to the lien amount. DSHS ves past-due child support. The Division of Child Support ,681.56 in SKAMANIA County on:
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.
November 27, 2018 DATE	J BIXLER AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT
(360) 696-6100	J BIXLER
TELEPHONE NUMBER	PERSON TO CONTACT
In each refer to accompany	00023393940041550890000000752502

In reply, refer to case numbers: 2339394 2612259

FG VER: (1.8) 3969:11272018/ 2339394 / 3969

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