AFN #2018002550 Recorded Dec 31, 2018 11:33 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: BILL DARRELL BI	REEDING		, also known as or
doing business as: BILL DARRELL U	SHER		
	K 7 7	·	<u> </u>
SSN: XXX-XX-647	2 DOB: 7/14/1982	_ FEIN:	
Grantee or Creditor: The Department	of Social and Health Ser	vices (DSHS).	
Legal Description:) ` _	1	
Assessor's Property Tax Parcel Accou		7.7	<u> </u>
Child support payments, not paid wher claims that the debtor named above of (DCS) files a lien in the amount of \$ 2	wes past-due child suppo	ort. The Division	lien amount. DSHS on of Child Support County on:
X All real and personal property of th	e debtor named above e	except Tribal Tr	ust property.
Only the property described in the			
December 24, 2018	P GILLISPIE	, 	
DATE	AUTHORIZED REPRESENT DIVISION OF CHILD SUPPO		
(425) 438-4800 TELEPHONE NUMBER	P GILLISPIE PERSON TO CONTACT	- 	
I ELEFTICINE NOIMBER	· LIGON TO GONTACT	00024622410012	3258300000000172502
In reply, refer to case numbers:			

2462241

FG VER: (1.8) 935:12242018/ 2462241 / 935

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