AFN #2019000570 Recorded Apr 22, 2019 01:01 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

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

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

Notice and Statement of Lien

| Grantor or Debtor: NOAH DALEY WEAT | HERFORD | | , also known as or |
|---|---|---------------------------------------|---------------------|
| doing business as: | | | , |
| | | · | 4 |
| SSN: xxx-xx-828 | DOB: 12/20/1975 | FEIN: | |
| Grantee or Creditor: The Department of Social and Health Services (DSHS). | | | |
| Legal Description: | | | |
| | , | \checkmark | `) |
| Assessor's Property Tax Parcel Accour | nt Number: | | |
| Child support payments, not paid when claims that the debtor named above ow (DCS) files a lien in the amount of \$ 22 | es past-due child suppor | t. The Divisio | |
| X All real and personal property of the | e debtor named above ex | cept Tribal Tr | ust property. |
| ☐ Only the property described in the I | | | |
| April 17, 2019 | N BEECHER | | A |
| DATE | AUTHORIZED REPRESENTA DIVISION OF CHILD SUPPOR | | V |
| (360), 696-6100 | N BEECHER | · · · · · · · · · · · · · · · · · · · | |
| TELEPHONE NUMBER | PERSON TO CONTACT | | |
| • | | 00014721570044 | 6149000000000322502 |
| In reply, refer to case numbers: | | | |

FG VER: (1.8)

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