AFN #2008169994 Recorded 05/23/08 at 10:36 AM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor J. Michael Garvison 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: Ta	isha M. Gaul			<u> </u>	also knov	wn as or
doing business as:				.,		,
						, , , , , , , , , , , , , , , , , , , ,
S	SN: XXX-XX-2130		DOB: <u>04/1</u> 4	1/86		-
Grantee or Creditor:	The Department of	Social and He	alth Services	(DSHS).	•	
Legal Description:		(P		-		A
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		7	4		٦.	
- 4. 4/			,	١.		-0
Assessor's Property	Fax Parcel Account i	Number:			<u> </u>	*
Child support paymer	nts, not paid when d	ue, are judgm	ents and accr	ue to the	lien amou	ınt.
DSHS claims that the				oort. The	Division of	of Child
Support (DCS) files a	lien in the amount of	of \$ 735.48	in Sk	amania		County on
X All real and perso	nal property of the c	lebtor named	above except	Tribal Tr	ust proper	rty.
☐ Only the property	described in the Le	gal Descriptio	n section abo	ve.		
May 21, 2008	J	. Demich	7			
Date		ithorized Represe	ntative	······································		
	DI	VISION OF CHILI	D SUPPORT			
(360) 696-6100		. Demich				
Telephone Number	Pe	erson to Contact				
			000	 	######################################	0122502

In reply, refer to:

Case #: 1917322 1832047

FG VER: (1.3) 3520:20080521/ 1917322/3520

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001)