AFN #2008171668 Recorded 12/15/08 at 11:29 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: doing business as:	Salvador Lopez	Jimenez	, also kn	own as or
	SSN:	DOB: 09/1	L5/79	
Grantee or Creditor	: The Department	of Social and Health Services	s (DSHS).	N
Legal Description:),	O	3
Assessor's Property	/ Tax Parcel Accou	nt Number:	\sim	·
	ne debtor named at	due, are judgments and accove owes past-due child sup t of \$ 712.00 in S		
X All real and per	sonal property of th	e debtor named above excep	ot Tribal Trust prop	erty.
Only the proper	ty described in the	egal Description section abo	ove.	
December 11, 20 Date	008	J. Demich Authorized Representative DIVISION OF CHILD SUPPORT		· ·
(360) 696-6100		J. Demich		
Telephone Number		Person to Contact	·	
	. •		02039746005431881000000	000012502

In reply, refer to: Case #: 2039746 2109087

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

FG VER: (1.3) 3520:20081211/ 2039746/3520